

EMPLOYEE REQUEST FOR UNPAID LONG-TERM LEAVE OF ABSENCE

Name _____ Date of Hire _____
Position _____ Department/Campus _____
Date for Leave to Begin _____ Date of Return to Work _____

Complete this form and attach a one-page description explaining the justification for the request of an unpaid long-term leave of absence. For a medical reason, a medical certification form must be submitted with this request.

I acknowledge that I have read and accept the terms that pertain to an unpaid long-term leave of absence in Administrative Regulation DEC(REGULATION).

Signature of Employee Date

For Office Use Only

Date Request Submitted to HR: _____

Signature of Superintendent or Designee Date Received

Superintendent or Designee Decision

Approved Denied Date _____

HR Department _____ Payroll Department _____