

OFFICIAL USE ONLY
Board Approval _____ Date _____

**CLASSIFIED PERSONNEL
REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY
MT. DIABLO UNIFIED SCHOOL DISTRICT**
1936 Carlotta Drive
Concord, California 94519
(925) 682-8000, Ext. 4148

TO: CLASSIFIED PERSONNEL OFFICE

Social Security No.

FROM: _____
Name Classification Phone No.

Street Address City State Zip Code

Present Assignment (School/Department) _____

I hereby request a leave of absence from active service under the conditions listed below:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> improvement of Health
(Requires medical verification) | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> General Leave | <input type="checkbox"/> New Parent |

SPECIFIC REASON(S) (Attach additional page if necessary): _____

DURATION OF LEAVE: _____
From TO Last Day Worked

It is understood that this leave of absence will be without compensation. I have read the applicable contract or rules and regulations related to this leave and understand the provisions.

I understand that I must contact the Classified Personnel Office no later than _____
or I will be considered to have resigned from leave.

My eligibility for continuance of health benefits has been explained and I understand my benefits will expire on _____
I understand that if I wish to continue benefits beyond that date I will need to pay the District in advance.

Employee Signature

Supervisor/Department Head Recommendation: Approved Disapproved

Reasons: _____

Date

Supervisor/Department Head Signature

Action of Personnel Office: Approved Disapproved

Reasons: _____

Date

Signature

- | | | |
|--------|---|--------------------|
| Copy 1 | - | Classif. Personnel |
| Copy 2 | - | Payroll |
| Copy 3 | - | Benefits |
| Copy 4 | - | Employee |