Lakeside Union School District
CERTIFICATED REQUEST FOR UNPAID LEAVE OF ABSENCE

All requests MUST be submitted by February 15th, preceding the school year of leave.

Instructions: Complete one copy and forward to Immediate Supervisor.

Employee Name (Last, First, Middle)	Employee ID Number
School Site	

I am requesting an unpaid leave of absence for the _____ school year.
(insert year ex. 2019-20)

Term of Leave Requested: ☐ Full School Year ☐ Partial School Year
If partial school year, specify dates: _____

If on a Shared Contract, please specify the following: _____% Unpaid Leave
_____% Assignment

I also understand that, upon return from leave, I am **not** guaranteed site or assignment preference.

Furthermore, I acknowledge that such leave will affect some benefits such as retirement service credit, medicare contributions, service credit toward longevity earned in this district, district medical credit and possibly salary schedule step advancement (if less than 138 days are worked)

I have been given the opportunity to discuss my leave and the above issues with the Director of Human Resources.

I request this leave of absence and agree to the stipulations above.

_____ _____
Employee Signature **Date**

RETURN THIS FORM TO THE DIRECTOR OF HUMAN RESOURCES