



SWEETWATER UNION HIGH SCHOOL DISTRICT

HUMAN RESOURCE SERVICES DIVISION

General Information:
 Phone: (619) 585-4420
 FAX: (619) 407-4921

www.sweetwaterschools.org

LONG-TERM LEAVE OF ABSENCE REQUEST (UNPAID)

INSTRUCTIONS: Please prepare one copy and submit through your principal/supervisor to the Benefits Department. Employees requesting an unpaid long-term leave of absence should refer to the Collective Bargaining Agreement for terms governing availability, eligibility, and permissible lengths for each type of leave.

SEA (Teachers, Librarians, Nurses): Refer to Article 22 of Collective Bargaining Agreement.

COUNSELORS: Refer to Article 11 of Collective Bargaining Agreement.

CSEA (OTBS, PARAPROFESSIONALS, OPERATIONS): Refer to Article 15 of Collective Bargaining Agreement.

NAGE (Supervisory Unit): Refer to Article 15 of Collective Bargaining Agreement.

TO BE COMPLETED BY EMPLOYEE (I certify under penalty of perjury that the foregoing, including all attachments, is true and correct.)

Employee Name (last, first, middle)		Last four of SSN#		<input type="checkbox"/> Certificated <input type="checkbox"/> Classified	
School or Department	Subject, Grade (Teachers only)		Position Assigned		
Permanent Address While on Leave (No. and Street)			City	State	Zip Code
Employee Signature		Date Submitted / /	Home Telephone () -	E-mail Address	

CHOOSE ONE LEAVE CATEGORY

<p>FAMILY MEDICAL LEAVE ACT</p> <p>If requesting Family Medical Leave Act, refer to eligibility requirements in your Collective Bargaining Agreement.</p> <p>FMLA PURPOSE: (Verification is required)</p> <p><input type="checkbox"/> Care of child after birth (within one year of birth.)</p> <p><input type="checkbox"/> Adoption Must provide verification adoption</p> <p><input type="checkbox"/> Unit Member's Own Serious Health Condition (Doctor's verification required)</p> <p><input type="checkbox"/> Serious Health Condition of Family Member (Doctor's verification required)</p>	<p>ADDITIONAL TYPES OF LEAVES</p> <p><input type="checkbox"/> Child Care/Adoption: Must provide verification of pregnancy, child's birthdate, custody or adoption requirements, or medical statements as appropriate. Please attach documents.</p> <p><input type="checkbox"/> Medical (unpaid). Requires doctor's statement. Please attach documents.</p> <p><input type="checkbox"/> Educational /Professional Study: Full Time Class Schedule from accredited college is required. Please attach documents.</p> <p><input type="checkbox"/> Military: Requires copy of employee's military orders. Please attach documents.</p> <p><input type="checkbox"/> SEA ONLY: Article 22.19 requires Governing Board Approval</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center;">Refer to Collective Bargaining Agreement's Leave Policies</p>
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PERIOD OF LEAVE REQUEST FROM: _____ **TO:** _____
 Month/Day/Year Month/Day/Year

EXPLANATION: (Attach additional page, if necessary.)

SITE SUPERVISOR/PRINCIPAL:
 I recommend approval of leave: _____
 I recommend denial of leave: _____

 Principal/Supervisor Signature Date

BENEFITS DEPARTMENT FINAL APPROVAL

<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Compensated <input type="checkbox"/> Non-Compensated	Comments Leave Type: L1 L2 L3 L4	Benefits Signature	Date
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