



# NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT

## REQUEST FOR LEAVE OF ABSENCE FORM

*All leave requests contingent upon Board approval*

From: \_\_\_\_\_  
Name

Work Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
New phone number

I hereby request a leave of absence from my position: From: \_\_\_\_\_ To: \_\_\_\_\_  
for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments (Optional): \_\_\_\_\_  
\_\_\_\_\_

Supervisor notified of leave request: \_\_\_\_\_  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT TO HUMAN RESOURCES DEPARTMENT**

### FOR DISTRICT USE ONLY

Leave approved: \_\_\_\_\_ Date: \_\_\_\_\_ Assistant Superintendent: \_\_\_\_\_  
Name