

CRCSD
Extended, Unpaid Leave of Absence Request Form

Read carefully the attached information to learn of the district's parameters for extended, unpaid leaves of absence.

The district reserves the right to approve extended unpaid leaves of absences on a case-by-case basis. Further, the district reserves the right to treat employee groups distinctly when making the determination as to whether or not to approve extended, unpaid leaves of absence.

Date: _____

Name: _____

Address: _____

Phone: _____

Current job assignment: _____

Current employee group (e.g. teacher, associate, etc.): _____

Non-district e-mail address: _____

Length of Leave Requested: _____

Date requested leave commences: _____

Reason(s) leave is requested:
Cite specific medical, personal, educational or other conditions that exist that warrant the leave and attach written verification of the existence of the condition(s) (E.g. medical provider's statement, educational program of study, military orders, etc.)

Signature/Date (By signing, the employee indicates that he/she has read and agrees to the parameters for extended, unpaid leave of absence outlined in their workgroup contract.)

For Office Use Only:
 Not recommended for approval
 Recommended for approval
Rationale for decision:

Name and signature of Superintendent/designee **Date**