

LOS ANGELES UNIFIED SCHOOL DISTRICT
PERSONNEL COMMISSION
WORKFORCE MANAGEMENT, CLASSIFIED EMPLOYMENT SERVICES BRANCH
LEAVE OF ABSENCE REQUEST FOR CLASSIFIED EMPLOYEES
(FOR MANDATORY LEAVES ONLY)

This form must be completed for absences more than 20 consecutive work days

TO BE COMPLETED BY EMPLOYEE

<input style="width: 95%;" type="text"/> Last Name	<input style="width: 95%;" type="text"/> First Name	<input style="width: 95%;" type="text"/> MI	<input style="width: 95%;" type="text"/> Person ID/Employee Number
<input style="width: 95%;" type="text"/> Address while on leave: Number & Street City & State			<input style="width: 95%;" type="text"/> Contact number while on leave
<input style="width: 95%;" type="text"/> Zip Code			<input style="width: 95%;" type="text"/> Work number
<input style="width: 95%;" type="text"/> Job Title & Job/Class Code		<input style="width: 95%;" type="text"/> Work Location	

I request: ☐ A leave of absence from: ____ / ____ / ____ to: ____ / ____ / ____ , inclusive.
 ☐ An extension of my leave from: ____ / ____ / ____ to: ____ / ____ / ____ , inclusive.

For the following reason (check one):

MANDATORY LEAVES (mandatory under all applicable circumstances and with appropriate verification):

- ☐ 1. Illness (Self) Leave
- ☐ 2. Industrial Illness/Injury Leave- Original injury date: ____ / ____ / ____
- ☐ 3. Industrial Illness/Injury Leave (FOR SCHOOL POLICE ONLY) - Original injury date: ____ / ____ / ____
- ☐ 4. Act of Violence Leave - Original injury date: ____ / ____ / ____
- ☐ 5. Pregnancy-related Disability Leave - Expected delivery date: ____ / ____ / ____
- ☐ 6. Illness (Family) Leave- Relationship:
- ☐ 7. Bonding Leave for birth/adoption/foster care for new child - Date into home: ____ / ____ / ____
- ☐ 8. Military Leave. ATTACH OFFICIAL ORDERS (for absences of more than 20 days)
- ☐ 9. Military Caregiver FMLA Leave - Relationship:
- ☐ 10. Military Exigency FMLA Leave. ATTACH OFFICIAL ORDERS OF FAMILY MEMBER
- ☐ 11. Charter Leave. Name of Charter School:
- ☐ 12. Organization (Union) Leave
- ☐ 13. Professional Growth Study Leave (For Bargaining Units B, D and S)
- ☐ 14. Other (ex. Peace Core, Red Cross, Merchant Marine, etc.)

Refer to work location for FMLA guidelines for items 1-7, 9 & 10. For general questions regarding FMLA, contact the FMLA Leaves Section, Division of Risk Management at (213) 241-3954.

I CERTIFY that I was not and will not be employed elsewhere during the period covered by this request for illness or industrial illness/injury leave. I also certify that I have read and understand the information on this form. Furthermore, I certify that my absence is because of the indicated reason and that all of the information on this form is true and correct. If I am filing a claim for workers' compensation, I also certify that I will report to the workers' compensation claims administrator any money that I earn from any other employer during the time period claimed by this certification. If I do not report any information regarding other earnings, I acknowledge that I may be in violation of the law, and the penalty may be a fine, loss of benefits, and/or imprisonment.

If I do not return to my job within 5 days after the expiration of an unpaid leave or an approved extension of an unpaid leave, please consider this my resignation from the Los Angeles Unified School District. I declare under penalty of perjury that all of the foregoing is true and correct.

Employee's Signature: _____ Date: _____

PROCEED TO NEXT PAGE →

TO BE COMPLETED BY LOCATION

1ST DAY ABSENT: _____ (REQUIRED)

ACKNOWLEDGEMENT OF MANDATORY LEAVE REQUEST: Because leaves 1-14 are mandatory, the administrator's signature signifies only an acknowledgement of the leave.

Administrator Name (Print): _____ Signature: _____ Date: _____

For Classified Employment Services Branch Use Only: ☐ Approved ☐ Disapproved

Approved by: Signature: _____ Date: _____