

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division – Certificated Assignments and Support Services

REQUEST TO RETURN FROM LEAVE

A. EMPLOYEE INFORMATION

Name (Print)	Last	First	Middle	Pers ID/Emp No.
Address	Street	City	State	Zip
Telephone Number _____				
Teaching Credential(s) _____				

B. DISTRICT TEACHING EXPERIENCE - List most recent assignment first

School	Date From	To	Grade(s)	Subject(s) Taught
_____	_____	_____	_____	_____
School	Date From	To	Grade(s)	Subject(s) Taught
_____	_____	_____	_____	_____
My current leave _____		Expires _____		
Identify Type		Month	Day	Year
I am available for an assignment beginning _____		Month	Day	Year
_____		_____		
Signature of Employee		Date		

C. INSTRUCTIONS

If you have been on a permissive leave, complete sections A and B and return to the Certificated Placement Office **TWO CALENDAR MONTHS** prior to the expiration of your leave.

If you have been on an illness, rest, industrial injury, or pregnancy disability leave, your personal physician must complete Section D of this form. Where duty restrictions are listed by physician, you must be cleared by the District Medical Director prior to your return. Call (213) 241-6326 for an appointment.

If there is an address and/or telephone number change after submission of this form, the Placement Office must be notified at (213) 241-5100 as you may be referred for assignment interviews.

D. TO BE COMPLETED BY ATTENDING PHYSICIAN

The above-named employee is under my professional care and will be able to return to work with [] without [] restrictions on this date ____/____/____. Describe restrictions in detail:

I certify that the above information provided hereon is true and correct to the best of my knowledge.

Signature of Physician	Date Signed					
_____	_____					
Type or print name of physician	Degree	State License Number				
_____	_____	_____				
Business Address	Street	City	State	Zip	(____) Area	Telephone Number
_____	_____	_____	_____	_____	_____	_____

ORIGINAL MUST BE RETURNED TO:

Los Angeles Unified School District
 Certificated Assignments & Support Svcs.
 P.O. Box 3307, 15th Floor, Beaudry
 Los Angeles, CA 90051

