LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division
Certificated Administrative Services

Certificated Request to Return from Leave

(Administrative - Supervisory)

A. EMPLOYEE INFORMATION

(Print) Last Name _____ First _____ Middle _____ Employee Number _____

Street Address _____ City/State _____ Zip Code _____ ( ) Area Code Telephone Number _____

School/Office from which leave of absence granted _____

Region Select Division _____ Position Title _____

My Current leave _____ (Identify Type) Expires _____ (Month/Day/Year)

B. ASSIGNMENT PREFERENCE

If returning from a permissive leave I am available for an assignment beginning _____ (Month/Day/Year)

Indicate in priority order Region/Division preference if you wish to be considered for reassignment.

1. _____ 2. _____ 3. _____

_____ (Signature of Employee) _____ (Date)

C. INSTRUCTIONS

If you have been on a permissive leave, this form must be completed and returned to Certificated Administrative Services ***TWO CALENDAR MONTHS*** prior to the expiration of your leave.

If you have been on a illness, industrial injury, or pregnancy disability leave, or other leaves requiring clearance from a physician, a health clearance is required. The health clearance below must be completed by your personal physician and returned to Certificated Administrative Services prior to your return to work.

If there is an address and/or telephone number change after submission of this form, Certificated Administrative Services must be notified at (213) 241-6365.

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 Code) ( ) _____ (Area Telephone Number)

ORIGINAL MUST BE RETURNED TO:

Los Angeles Unified School District
Certificated Administrative Services -14th Floor
P.O. Box 3307
Los Angeles, CA 90051

HUMAN RESOURCES

Date _____/_____/_____

Initials _____