

Los Angeles Unified School District
Human Resources Division
Certificated Assignments and Support Services

TEACHER ASSISTANT LEAVE REQUEST FORM

To be submitted to your School Site Administrator

Last Name First Middle Person ID/Employee No. Home Telephone

Home Address City & State Zip Code Alternate Telephone

Work Location

I REQUEST AN UNPAID LEAVE OF ABSENCE THAT WILL ENTEND FOR 21 DAYS OR MORE FOR THE REASON INDICATED BELOW:

MANDATORY LEAVES

Employee must provide paper documentation. For verification of 1, 2, 3 and 4 below, please use the District's Attending Physician/Health Care Provider Statement.

- | | |
|--|--|
| 1. <input type="checkbox"/> Pregnancy/Pregnancy related disability | 5. <input type="checkbox"/> Military Leave |
| 2. <input type="checkbox"/> Illness | 6. <input type="checkbox"/> Study Leave |
| 3. <input type="checkbox"/> Industrial Injury/Illness | 7. <input type="checkbox"/> Charter School Leave |
| 4. <input type="checkbox"/> Family Care and Medical Leave | |

PERMISSIVE LEAVE (Article XIII, Section 10.0)

8. Personal Leave

REASON: _____

DATES

REQUESTED: FROM: _____ TO: _____

If I do not return to my job within 5 days from the expiration of this leave or fail to request and receive an extension, please consider this my resignation from Los Angeles Unified School District.

Employee Signature Date

APPROVAL: Approved Disapproved

 Dates modified to

Site Administrator Signature Date

COPIES TO:
Certificated Assignments and Support Services Section, Beaudry Building, 15th Floor
Employee Benefits Administration, Beaudry Building, 28th Floor
Employee (self)



Los Angeles Unified School District
Personnel Commission

TEACHER ASSISTANT REQUEST FOR FORMAL LEAVE OF ABSENCE (UNPAID)

Teacher Assistants are eligible for certain leaves of absence in accordance with the provisions of Article XIII of the Unit F Collective Bargaining Agreement. Article XIII provides information on eligibility requirements, application and notification procedures, rights upon return, effects of cancellation, and employee obligations. The Unit F Bargaining Agreement is available on the LAUSD website: www.lausd.net

Every effort should be made to request approval at least 10 working days prior to the beginning date of the leave. It is the employee's responsibility to provide proper documentation required to verify the absence. Supporting documents must be originals and must be submitted with this form.

Employees must obtain approval of the site administrator for all leave requests. Leave dates must be modified by the site administrator.

If you wish to continue your medical insurance coverage while on unpaid leave of absence, please contact the Employee Benefits Administration at (213) 241-4262. If your medical insurance is not continued during leave of absence, you must reestablish eligibility and re-enroll upon return to active work.