

# DAVIS JOINT UNIFIED SCHOOL DISTRICT

## Certificated Request for Leave of Absence

\_\_\_\_\_  
Name

\_\_\_\_\_  
Work Site(s)

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Phone #

### Reason for Request:

\_\_\_\_ Continuing Education

\_\_\_\_ Family Necessity

\_\_\_\_ Participate in RWP

\_\_\_\_ Personal Necessity

\_\_\_\_ Travel/Study Program

\_\_\_\_ Participate in Tandem

\_\_\_\_ Other (specify): \_\_\_\_\_

I am voluntarily requesting a leave of absence from my assignment as noted below beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.

Full leave of absence of \_\_\_\_\_ FTE.

Partial leave of absence of \_\_\_\_\_ FTE. I understand that I will retain \_\_\_\_\_ FTE.

I \_\_\_\_\_ intend/ \_\_\_\_\_ do not intend to resume employment with the District at the end of the leave of absence.

I hereby certify the foregoing is a true statement of the reason(s) for my request for leave of absence from my employment with the Davis Joint Unified School District.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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### SUPERVISOR'S STATEMENT

I \_\_\_\_\_ recommend/ \_\_\_\_\_ do not recommend approval of the requested leave of absence for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved by Superintendent or Designee:

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved by BOE: \_\_\_\_\_