



**Culver City Unified School District  
Human Resources Department  
4034 Irving Place, Culver City, California 90232  
Telephone (310) 842-4220 ext. 4248 Fax (310) 842-4326**

**REQUEST FOR LEAVE OF ABSENCE**

TO: Assistant Superintendent of Human Resources

FROM (Employee Name): \_\_\_\_\_  Certificated  Classified  Management

Date Submitting Form: \_\_\_\_\_ Site/Department: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(last 4 digits)

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_ Home Phone # \_\_\_\_\_

I request the approval of the Assistant Superintendent of Human Resources for a leave of absence, according to the cited article of the applicable Agreement between the Culver City Unified School District and the Culver City Federation of Teachers or the Agreement between the Culver City Unified School District and the Association of Classified Employees, as indicated below:

- CLASSIFIED**
- Paid
- Bereavement (20)
  - Union Business (4)
  - Jury Duty (27)
  - One Day Personal Leave (22)
  - Personal Necessity (19)
  - Maternity Disability (18)
  - Sick Leave (17)
  - Catastrophic Sick Leave (17)
  - Adoption (24)
  - Vacation (16)
  - Military (28)
  - Child-Bonding/Parental Leave

- CERTIFICATED**
- Paid
- Bereavement (13)
  - Union Business (22)
  - Jury Duty (19)
  - Military (21)
  - Personal Necessity (10)
  - Personal Leave (11)
  - Maternity Disability (14)
  - Sabbatical (20)
  - Sick Leave (9)
  - Adoption (16)
  - Catastrophic Sick Leave (9)
  - Child-Bonding/Parental Leave
  - Vacation (Management)

- Unpaid
- Child Care (23)
  - Adoption (24)
  - Family Care and Medical (21)
  - Unpaid Personal Leave (21)
  - Professional Growth (Appendix C)
  - Maternity Leave (25)

- Unpaid
- Child Care (15)
  - Adoption (16)
  - Short Term Emergency (18)
  - Extended Personal Leave (17)
  - Family Care and Medical Leave (17)

Please attach any doctor's notes and/or other required leave documents. If necessary, please attach rationale or comments.

My signature below signifies that I have referred to, understand and will follow the Agreement provisions specific to the leave requested. I have attached the necessary documentation (see contract) required to process the leave request. I also understand that failure to do so may delay the approval process.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  **Approved**  **Denied**

(Acknowledgement of Leave Request)

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

A returned copy of processed Request for Leave of Absence Form shall serve as the employee's notification of leave status and dates.

**Approved**  **Denied**

\_\_\_\_\_  
Jennifer Slabbinck (or designee) Date  
Assistant Superintendent of Human Resources

Leave Notification Sent Date \_\_\_\_\_ Ins \_\_\_\_\_

Unpaid Begins _____	Paid Begins _____	FMLA Begins _____	CFRA Begins _____	PDL Begins _____
Unpaid Ends _____	Paid Ends _____	FMLA Ends _____	CFRA Ends _____	PDL Ends _____
	Sick Days _____	Total Days _____	Total Days _____	Total Days _____
	½ Pay _____			