

BURBANK UNIFIED SCHOOL DISTRICT  
Human Resources Services

LEAVE OF ABSENCE

Employee's Name (Please Print): \_\_\_\_\_ ' Certificated ' Classified ' Management

Date Submitting Form: \_\_\_\_\_ Site/Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

I request the acknowledgement and/or approval of my supervisor and/or the Head of Human Resources Services for a leave of absence, according to the cited article of the applicable Agreement between the Burbank Unified School District and the Burbank Teachers Association or the Agreement between the Burbank Unified School District and the California School Employees Association Chapter 674, as indicated below:

CLASSIFIED (Article 13)

Notification only

- ' Bereavement (13.1) (paid)
- ' Industrial Accident or Illness (13.2) (paid)
- ' Jury Duty (13.3) (paid)
- ' Pregnancy Disability (13.6) (paid)
- ' Military (13.11) (unpaid)

Request for Leave

- ' Personal Business (13.4) (paid)
- ' Personal Necessity (13.5) (paid)
- ' Sick Leave for Personal Illness or Injury (13.7) (paid)
- ' Catastrophic Sick / H D Y H (paid)
- ' Child Bonding/Parental (paid)
- ' Home Responsibility (13.10) (unpaid)
- ' Family Care and Medical (13.12) (unpaid)
- ' Career Advancement Leave (13.13) (unpaid)
- ' Health (13.9) (unpaid)

Request for Sick Leave Donation (Certificated)

- ' Up to ten (10) days
- ' Exception to ten (10) day donation limit – must be approved by the Catastrophic Sick Leave Committee
- Number of additional days requested \_\_\_\_\_

Important Note s:

- x Any unpaid leave may affect an adjustment in your pay and/or benefits. Please contact Payroll -Classified at 818-729-4474 or Payroll -Certificated at 818- 729-4479, and/or the Benefits Department at 818- 729-4454 for information regarding your specific situation.
- x Requests to change or rescind a submitted Leave may be denied upon evaluation of such request.

\*\*Leave Request Rational e/Comments/Additional Information: \_\_\_\_\_

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 or letter required to process this leave request. I also understand that failure to do so may delay the approval process.

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

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Acknowledgement of Leave Request)

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

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

**BURBANK UNIFIED SCHOOL DISTRICT**

**Human Resources Services**

1900 WEST OLIVE AVENUE xBURBANK xCALIFORNIA x91506

TELEPHONE ( ) 729-4410 xFAX ( ) 729-4554

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