



Ojai Unified School District

REQUEST FOR LEAVE OF ABSENCE

TO: The Governing Board of Ojai Unified School District

I, _____, do request a leave of absence
from my duties as:

_____ at _____
Job Title(s) Work Site(s)

The reason I am requesting this leave is: _____

My last work day in paid status will be/is anticipated to be _____, at the end of
Date
my assigned time. The duration of the leave of absence is requested to be:
six (6) months or one (1) year. (please circle one)

Signature

Date

Supervisor's Signature

Date

Director of Human Resources Signature

Date

Superintendent or Designee's Signature

Date

UPON COMPLETION RETURN TO HUMAN RESOURCES OFFICE

BOARD _____ COMMISSION _____ TO BUSINESS OFFICE _____