San Leandro Unified School District

Personnel Services
2600 Teagarden St
San Leandro, CA 94577
(510) 667-3523, Fax (510) 667-6234

Request for Unpaid Leave

Employee Name:_____ PSL#_____ ☐Certificated ☐Classified
Please Print

Site(s)_____ Will a sub be needed? ☐Yes ☐No

I request an Absence beginning_____ for_____ day(s) RETURNING on _____

Please note - ***UNPAID LEAVE May negatively impact your STRS/PERS***

Reason for taking time off: _____

Employee Signature_____ Date _____

Principal / Supervisor Signature_____ Date _____

District Action

☐ **Approved** ☐Bereavement ☐Sick Leave ☐Vacation Deduction
☐ **Not Approved** ☐Full Salary Deduction ☐Sub Differential

_____ Date
Director, Personnel Services

REQUEST FOR LEAVE

This form must be submitted to Personnel Services for approval **3 DAYS** prior to the leave. ALL ABSENCES DUE TO EXTENDED ILLNESS OF MORE THAN 5 DAYS REQUIRE A DOCTOR'S NOTE.
