**OXNARD SCHOOL DISTRICT**

**Application for an Unpaid Leave of Absence**

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**NAME:** (LAST) (FIRST) (MIDDLE)  
**Employee ID #:**

<table>
<thead>
<tr>
<th>CLASSIFICATION:</th>
<th>WORK SITE:</th>
</tr>
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<tbody>
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</table>

**ADDRESS:**

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**Duration of Leave:**

<table>
<thead>
<tr>
<th>LAST PAID WORK DAY:</th>
<th>FIRST DAY OF LEAVE:</th>
<th>DATE OF RETURN:</th>
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**Reason for Leave:**

- **HEALTH**  
  (A written statement by a licensed physician or health practitioner must accompany this application)

- **CHILD REARING**  
  (A written statement of study with timelines of the program must accompany this application)

- **MILITARY/PEACE CORPS**  
  (A copy of orders calling for active service or a written acceptance into the Peace Corp must accompany this application)

- **OTHER (Please explain)**

  
  
  

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**Employee Signature**  
**Date**

**Note:** Leaves of absence without pay may be granted for any period not exceeding one year (except military service and Peace Corps). A leave of absence without pay gives to the employee the right to return to a position in his/her same classification, at the same number of hours, at the expiration of the leave of absence, provided he/she is physically and legally capable of performing the duties. In the event a vacant position does not exist in that classification, the unit member shall have the right to displace the least senior unit member with an equivalent assignment in that classification. Employees may make a written request to the Board of Trustees to return to work prior to the expiration date of the leave. The Board of Trustees may approve or reject the request. Failure to report for duty within one (1) working day after a leave has expired shall be considered abandonment of position and may lead to termination. Leaves of absence must be approved in advance by your supervisor.

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**Supervisor’s Signature**  
**Date**

**Director, Classified Human Resource’s Signature**  
**Date**

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**UNPAID LEAVE OF ABSENCE:**  
☐ APPROVED  
☐ DENIED

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**Superintendent (or designee)’s Signature**  
**Date**