



**OXNARD SCHOOL DISTRICT
Application for an Unpaid
Leave of Absence**

Classified Human Resources
1051 South "A" Street
Oxnard, CA 93030
(805) 385-1501 ext. 2070

NAME: (LAST)	(FIRST)	(MIDDLE)	Employee ID #:
CLASSIFICATION:		WORK SITE:	
ADDRESS:			

Duration of Leave:

LAST PAID WORK DAY:	FIRST DAY OF LEAVE:	DATE OF RETURN:
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Reason for Leave:

	HEALTH (A written statement by a licensed physician or health practitioner must accompany this application)
	CHILD REARING
	EDUCATION (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) _____ _____ _____

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.

Supervisor's Signature

Date

Director, Classified Human Resource's Signature

Date

*******DO NOT MARK BELOW THIS POINT*******

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

Superintendent (or designee)'s Signature

Date