



OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 •
www.oxnardsd.org

LEAVE OF ABSENCE REQUEST

Instructions:

Employee complete **Section I**

Employee has their Supervisor complete **Section II** (page 2 of this form)

Employee submits completed form to Human Resources at leaves@oxnardsd.org once **Section I & II** have been completed.

Questions contact us at leaves@oxnardsd.org and/or at 805.385.1501 extensions. 2049 or 2053

SECTION I- TO BE COMPLETED BY THE EMPLOYEE

Complete all that information that applies to your leave

LAST NAME		FIRST NAME		M.I.	PSL #
ADDRESS					
CITY		STATE		ZIP CODE	
PHONE NUMBER			EMAIL		
POSITION		WORK LOCATION		<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> CERTIFICATED	
LAST DAY WORKED	LEAVE START DATE	LEAVE END DATE	RETURN TO WORK DATE		
If requesting Child Bonding after maternity leave, please provide dates for leave request					
Beginning Date:		Ending Date:		Child's DOB/ Placement for Adoption Date:	

Reason for Leave of Absence

- Own Injury/Illness (not work-related) *Medical Certification required*
- Care for Injured/Ill Family Member *Medical Certification required*
Member Relation: _____
- Bereavement *May need submission of Verification*
Member Relation: _____
Decease Date: _____
- Pregnancy, childbirth and/or related *Medical Certification required*
- Child Bonding *Recommended 30 workdays notice*
- Personal Leave (non-medical) *Written Statement of plan must accompany application*
- Adoption Leave *Recommended 30 workdays notice*
- Military Leave (attach Orders)
- Education *Written Statement of plan must accompany application*
- Other _____ *Written Statement of plan must accompany application*

Check one off please:

- Continuous
- Intermittent

