Tulare County Office of Education

Tim A. Hire, County Superintendent of Schools

REQUEST FOR UNPAID LEAVE

☐ Certificated

☐ Classified

Employee Name:_____ Last Four SSN:_____

Personal Email:_____ Phone Number:_____

Current Position:_____ Current Location:_____

Supervisor:_____

TYPE OF LEAVE REQUESTED

☐ Health Leave of Absence* – Unpaid Leave of Absence for a health condition (exhausted Long-Term Illness Leave). Requires Certification of Health Care Provider.

☐ Unpaid Leave of Absence* – Approved by Superintendent or Designated Representative.

*Under California Education Code 45195: employees are required to exhaust all available paid leave-including sick leave, vacation, compensatory overtime, or other paid leave-before unpaid leave is granted.

Dates of leave of absence requested: From _____ to _____

Reason for request:_____

_____

Employee Signature:_____ Date:_____

Human Resource Use Only:

☐ Approved ☐ Denied Eligible for FMLA/CFRA: ☐ Yes ☐ No Hrs/Days:_____

Comments:_____

Signature:_____ Date:_____