



**Union High School District**

710 Encinitas Boulevard, Encinitas, CA 92024  
Telephone (760) 753-6491  
www.sduhsd.net

**Board of Trustees**  
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**Superintendent**  
Eric R.Dill

**Human Resources Division**  
Torrie Norton, Associate Superintendent  
Fax (760) 943-3505

**Only Certificated Employees with PERMANENT STATUS may request this type of leave**

**Request for Unpaid Leave of Absence**

Name: \_\_\_\_\_

Worksite: \_\_\_\_\_

I am requesting an unpaid leave of absence for the **2017-18** school year.

Term of Leave Requested: **August 22, 2017 through June 15, 2018**

\_\_\_\_\_ % **Unpaid Leave**

\_\_\_\_\_ % **Assignment**

I understand that there are no contingencies such as guaranteed prep periods or class assignments related to this request.

I understand that I may not accept a teaching position or be under contract in any school district (public or private; in-state or out-of-state) during the term of this leave of absence.

I also understand that, upon return from leave, I am **not** guaranteed site or assignment preference.

Furthermore, I acknowledge that such leave will affect some benefits such as retirement service credit, medicare contributions, service credit toward longevity earned in this district, district medical credit and possibly salary schedule step advancement (if assignment is less than 75%).

I have been given the opportunity to discuss my leave and the above issues with the Associate Superintendent/Human Resources.

**I request this leave of absence and agree to the stipulations above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO DEBBIE ROWE IN HUMAN RESOURCES/DISTRICT OFFICE**

**Questions? [debbie.rowe@sduhsd.net](mailto:debbie.rowe@sduhsd.net) or Ext. 5506**