



Union High School District

710 Encinitas Boulevard, Encinitas, CA 92024
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Human Resources Division
Cindy Frazee/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 **2018-19** school year.

Term of Leave Requested: **August 21, 2018 through June 14, 2019**

_____ % **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 or Ext. 5506