



Union High School District

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

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Superintendent
Robert A. Haley, Ed.D.

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 **2019-20** school year.

Term of Leave Requested: **August 6, 2019 through June 12, 2020**

_____ % **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) or obtain another job or position while on leave of absence from the District during the term of this leave.

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%).

Employees who currently waive District medical coverage, who are granted a partial or full-time unpaid leave of 51% to 100%, will lose their waiver eligibility and be moved to the bottom of the waiting list upon returning to a working assignment of 50% or greater.

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 CRISTINA GAMINO IN HUMAN RESOURCES/DISTRICT OFFICE
Questions? cristina.gamino@sduhsd.net or Ext. 5501