

SANTA BARBARA SCHOOL DISTRICTS

HUMAN RESOURCES DEPARTMENT

CLASSIFIED EMPLOYEE LEAVE OF ABSENCE FORM

PER CLASSIFIED AGREEMENT:

Personal Leave:

12.1 A permanent employee may, at the discretion of the Superintendent, be granted a long-term personal leave of absence without pay for a period not to exceed one (1) year. At the conclusion of the initial period for which granted, such leave without pay may be extended for an additional period not to exceed one (1) year.

12.2 Such leaves may be granted only for purposes that are in the best interests of the District, and when acceptable reasons for such leaves are deemed to exist.

12.3 Upon return from a leave of absence after the time specified for the leave, the employee shall be reinstated to either:

12.3.1 A position equivalent in duties and salary to that which the employee held at the time his/her request for leave was granted if there is a vacancy in such a position, or

12.3.2 A vacant position of lower classification and salary that the employee is qualified to fill.

12.4 The period of such leave shall not be construed as a break in service, but the time spent on such leave shall not be counted as service for purposes of sick leave, vacation leave, or other paid leaves, career increment, retirement credit, or fringe benefits paid by the District.

12.5 Failure of the employee to return following such leave to District employment as arranged with the Superintendent or his designated representative shall be deemed to be voluntary resignation on the part of the employee.

CLASSIFIED EMPLOYEE: Please fill out this form completely and return it to the Human Resources Department.

I, _____, request a leave of absence from my position as
(Print Name)
_____ at _____
(Classification) (Location)

Dates FROM: _____ TO: _____

For the following reason:

Personal Reasons Other: _____
_____ "Meets the best interests of the District"

My last day of work will be: _____
(Month, Day, Year)

Additional comments: _____

(Signature) (Date)

Address/Forwarding Address: _____

Administrator approval _____ Human Resources approval: _____