



# San Leandro Unified School District

Personnel Services  
835 E. 14th Street, Suite 200  
San Leandro, CA 94577  
(510) 667-3523, Fax (510) 667-6234

## Request for Unpaid Leave

Employee Name: \_\_\_\_\_ PSL# \_\_\_\_\_  Certified  
Please Print  Classified

Site(s) \_\_\_\_\_ Will a sub be needed?  Yes  No

I request an Absence beginning \_\_\_\_\_ for \_\_\_\_\_ day(s) RETURNING on \_\_\_\_\_

Please note - **UNPAID LEAVE May negatively impact your STRS/PERS**

Reason for taking time off: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal / Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### District Action

- Approved**       Bereavement       Sick Leave       Vacation Deduction
- Not Approved**       Full Salary Deduction       Sub Differential

\_\_\_\_\_  
Director, Personnel Services      Date

### REQUEST FOR LEAVE

This form must be submitted to Personnel Services for approval **3 DAYS** prior to the leave.  
ALL ABSENCES DUE TO EXTENDED ILLNESS OF MORE THAN 5 DAYS REQUIRE A DOCTOR'S NOTE.