



Chino Valley Unified School District
13461 Ramona Avenue, Chino, CA
909-628-1201 FAX 909-548-6091

REQUEST FOR UNPAID LEAVE OF ABSENCE

***Please Note: This is NOT a request for Medical Leave**

**All Medical requests must be submitted to Human Resources through
Stephanie Proudfit (*classified*) or Melissa Kranawetter (*certificated*)**

☐ **CERTIFICATED**

*Please refer to the Article 13 on
Leaves of Absence in the ACT Contract*

☐ **CLASSIFIED**

*Please refer to the Article 14 on
Leaves of Absence in the CSEA Contract*

NAME: _____

SS: _____

JOB TITLE: _____

WORK LOCATION: _____

HOME ADDRESS: _____

CITY/ZIP: _____

PHONE NUMBER: _____

CELL: _____

I hereby request the following leave of absence beginning: _____ through _____
Month, Day, Year Month, Day, Year

Personal (*please specify full time or part time leave*)

☐ Full Time 100% Leave

☐ Part Time (*specify %*) _____ % Leave

Reason: _____

☐ Military
(Attach military orders to this form)

☐ Peace Corps
(Attach deployment forms to this form)

EMPLOYEE'S SIGNATURE _____ DATE: _____

HUMAN RESOURCES USE ONLY

Assistant Superintendent - Human Resources or Designee Recommendations:

☐ Approve

☐ Disapprove

☐ Remarks: _____