



MENDOCINO COUNTY OFFICE OF EDUCATION
HUMAN RESOURCES DEPARTMENT
2240 Old River Road • Ukiah, CA 95482
(707) 467-5012

LEAVE REQUEST FORM

Employee Name _____ Division _____ Date _____

Position Title _____ Social Security Number _____

CLASSIFIED LEAVES

CERTIFICATED LEAVES

- Maternity (physician statement needed)
Child-Rearing
Long-Term Illness
Family Medical Leave Act (FMLA)
Religious Holiday
Military
Union (mutually agreed)
General
Health
Short-Term Voluntary Reduction

- Maternity (physician statement needed)
Child-Rearing
Extended Illness
Family Medical Leave Act (FMLA)
Health
Short-Term Voluntary Reduction
Military
Union (mutually agreed)
Civic Participation
Advanced Study/Education
Professional
Sabbatical
Exchange Teaching
Shared Assignments
Unpaid

LEAVE PERIOD DATE(S):

From: _____ To: _____
Paid: _____ Unpaid: _____
Part-Time (Hours/Days): _____

Comments: _____

Employee's Signature: _____ Date: _____

Supervisor's Recommendation: _____ Date Received: _____

Approve _____ Disapprove _____ Signature: _____

Division Head Recommendation: _____ Date Received: _____

Approve _____ Disapprove _____ Signature: _____

Human Resources Recommendation: _____ Date Received: _____

Approve _____ Disapprove _____ Signature: _____
