



MENIFEE UNION SCHOOL DISTRICT

29775 Haun Road, Meniffee CA 92586

(951) 672-1851

☐ **Certificated**

☐ **Classified**

APPLICATION FOR UNPAID ABSENCE

NAME: _____ EMPLOYEE #: _____

WORK SITE

POSITION

TIMEKEEPER

DATE LEAVE WILL BEGIN: _____ DATE LEAVE WILL END: _____

ADDRESS AND PHONE NUMBER WHILE ON LEAVE:

()

STREET

CITY

STATE

ZIP

PHONE NUMBER

TYPE OF LEAVE:

- ☐ **CHILD CARE LEAVE** (beyond one month but for no more than one year. Subject to Board approval.)
- ☐ **FAMILY MEDICAL CARE (FML)/CALIFORNIA FAMILY RIGHTS ACT (CFRA) LEAVE** - If foreseeable, please request 30 days prior to need. This UNPAID leave for a qualifying reason (see qualifying reasons listed below), is available to employees who have been employed with MUSD for a minimum of 12 months and have worked 1250 hours in the 12 months prior to need. This leave can run concurrent with other paid leave entitlement and is limited to a maximum of 12 weeks in a rolling 12 month period. Please indicate the qualifying reason for leave by checking the appropriate box(es) below:
- ☐ Birth of a child, adoption or foster care placement
- ☐ To care for a spouse, child (biological, adopted, step, foster, legal ward, or a child of a person acting *in loco parentis*) or parent with a serious health condition (**Requires medical certification**)
Relationship _____
- ☐ Due to your own serious health condition (**Requires medical certification**)
- ☐ **OTHER** Explain: _____
- ☐ Beyond one month but for no more than one year (**Requires Board approval**)
- ☐ One month or less (Unpaid Personal Time Off [PTO]) If foreseeable, please request 30 days prior to need

Please allow 3 to 5 days for processing then check with your timekeeper to verify the status of your application.

In requesting the above leave, I agree to conform to the provisions of applicable regulations of the Meniffee Union School District as outlined in Governing Board Policies/Administrative Regulations 4161.8, 4261.8 and 4361.8. I understand that failure to notify Personnel of my intention to **not** return to work prior to termination of my leave will be considered a resignation unless advance arrangements for extensions are made.

Employee's Signature

Date

☐ Reviewed

Principal/Supervisor's Signature

Date

☐ Approved

☐ Denied

Assistant Superintendent – Personnel's Signature

Date

☐ Personnel

☐ Payroll

☐ Timekeeper

☐ Employee

OFFICE USE ONLY

Board Agenda Date: _____

Hrs Worked in prior 12 mo. _____

Remarks:

08-2022