



Human Resources
701 N Madison St.
 Stockton, CA 95202
 (209) 933-7065
 Certificated Fax (209) 465-1064
 Classified Fax (209) 933-7066

CLASSIFIED LEAVE OF ABSENCE REQUEST

Name:		ID/SS #:	
Address:		City:	
State:		Zip Code:	
Phone:		Work Phone:	
Current Position:		Current Location:	
Email Address:			
Scheduled Work Hours Per Day		Manager's email	
REQUESTED LEAVE DATES: (Cannot exceed 6 months)			
From:		TO	
I am requesting a leave of absence for the following reason (Please be specific)			
Benefits can be purchased through the Risk Management Office:			
701 North Madison Street, Stockton, CA 95202			
209-933-7026 EXT. 2030 or EXT. 2039			
I understand that while on unpaid leave, District benefits are NOT provided.			
Signature		Date	
Approval		Date	
Site Administrator		Date	
Director, Classified Employment		Date	
Classified Analyst		Date	