

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY
During the School Closure Period**

If you do not want to accept work offered to you by the District during the school closure, you may apply any applicable leaves prior to requesting unpaid leave.

Name of Employee	Position	Hours/Day	Site
------------------	----------	-----------	------

The Leave Without Pay is requested beginning on _____
through end of school closure OR _____
date

Describe in detail the purpose of this leave request.

Please read the applicable contract language pertaining to leave requests for additional information.
www.slcsd.org, Departments, Human Resources – click on the applicable contract.

I understand that while on Leave Without Pay, I may retain my current health and welfare benefits by paying the full cost of those benefits to the District.

Applicant's Signature

Date

RECEIVED ON BEHALF OF THE
BOARD OF EDUCATION -

THIS REQUEST HAS BEEN:

APPROVED

DENIED

Christin Newlon - Director of Human Resources

Date