

# Extended Leave Request

Sonoma County Office of Education

Date of Request \_\_\_\_\_

*Instructions: This form must be submitted at least **8 weeks** prior to the commencement of a planned leave of absence. The form must be received by the Director of Human Resources, with supervisor and department director recommendations, within **10 working days** of the request date.*

Name \_\_\_\_\_

Title \_\_\_\_\_ Bargaining Unit \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of leave requested: From \_\_\_\_\_ to \_\_\_\_\_

- Type of leave requested:
- Disability
  - Extended sick leave/disability
  - Catastrophic Leave \* (requires physician's verification)
  - Leave of absence without pay
  - Sabbatical (requires written agreement reviewed by legal counsel)
  - Family care leave (refer to SP 4616.00; maximum of 12 weeks leave allowed)

Explanation/Reason for leave \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor**  Approve  Disapprove – Reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Director**  Approve  Disapprove – Reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Human Resources Director**  Approve  Disapprove – Reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* **ASCOE Unit Members:** Refer to Article XIV of the collective bargaining agreement. If a unit member has donated two sick-leave days, they are members of the Catastrophic Leave Pool on an ongoing basis. Thereafter, a contribution of one day is required of these members when the pool contains less than 60 days of sick leave. If a unit member has not made a contribution to the pool, there is an option of a special call. If the applicant for Catastrophic Leave is not covered by a union contract, he/she may be covered by the Superintendent's Policy on Catastrophic Leave and eligible for a special call option.*

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