

DISTRIBUTION
White -Personnel Office
Canary-Employee

SALINAS UNION HIGH SCHOOL DISTRICT

REQUEST FOR NON-PAID LEAVE OF ABSENCE
(Certificated Employee)

Section I (To be Completed by Employee)

I, _____, hereby request a non-paid leave of absence from the Salinas Union High School District from _____ to _____. The reason for my request is as follows:

Section II (To be Completed by Appropriate Manager)

I have reviewed the above request.

Signature Date

Section III (To be Completed by Employee--See NOTE Below)

I, _____, agree that in consideration of my receiving a non-paid leave of absence, I will notify the District in writing by _____ of my intentions to return to active teaching status at the completion of said non-paid leave of absence. I understand that my failure to so notify the District in writing by this date shall be deemed a resignation from the Salinas Union High School District effective on the completion of said non-paid leave of absence, and that this agreement shall constitute, and does constitute, my resignation effective that date. I further understand and agree that, should I elect to return to the Salinas Union High School District, my assignment shall be in accordance with Article IV, Section O, of the District/Union contract.

NOTE: After completion of Sections I and II, contact the Personnel Office regarding completion of Section III.

Employee's Signature Date

Assistant Superintendent Date
Personnel Services