



FULLERTON
SCHOOL
DISTRICT

Great Schools
Successful Kids

FULLERTON SCHOOL DISTRICT CLASSIFIED PERSONNEL

LEAVE OF ABSENCE FORM

NAME: _____

CLASSIFICATION: _____

SITE: _____

CURRENT HOURS: _____

EFFECTIVE: _____ **RETURNING:** _____

The last day I worked was/will be _____. I am submitting my request
for an unpaid leave of absence for the following reason(s): _____

SIGNED: _____ **DATE:** _____

PLEASE SUBMIT REQUEST TO THE DIRECTOR OF CLASSIFIED PERSONNEL