



Leave of Absence Request Letter

Board of Trustees
Cambrian School District
4115 Jacksol Drive
San Jose, CA 95124

Dear Members of the Board:

I, _____, request a leave of absence from my
(Print Name)

position at _____, beginning _____
(Site) (Date leave begins)

through _____. The reason I am requesting a leave of absence is:
(Estimated leave ends)

Please check all that apply to this request:

- ☐ Sick Leave Beyond 5 days (please provide doctor's note)
- ☐ Extended Illness Leave (difference pay after sick leave exhausted)
- ☐ Workers' Compensation Leave
- ☐ Temporarily Disability
- ☐ Pregnancy Disability (Maternity Leave) Estimated Due Date: _____
- ☐ Child Raising / Adoption Leave
- ☐ Family Care Leave
- ☐ Professional Improvement
- ☐ Other – please attach explanation

Sincerely,

(Signature)

(Address)

(telephone)