

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division
Certificated Administrative Services

Certificated Request to Return from Leave
(Administrative - Supervisory)

A. EMPLOYEE INFORMATION

(Print) Last Name _____ First _____ Middle _____ Employee Number _____
Street Address _____ City/State _____ Zip Code _____ Area Code _____ Telephone Number _____
School/Office from which leave of absence granted _____
District _____ Division _____ Position Title _____
My Current leave _____ Expires _____
Identify Type _____ Month/Day/Year _____

B. ASSIGNMENT PREFERENCE

If returning from a permissive leave I am available for an assignment beginning _____
Month/Day/Year

Indicate in priority order Local District/Division preference if you wish to be considered for reassignment.

1. _____ 2. _____ 3. _____
Signature of Employee _____ Date _____

C. INSTRUCTIONS

If you have been on a permissive leave, this form must be completed and returned to Certificated Administrative Services **TWO CALENDAR MONTHS** prior to the expiration of your leave.

If you have been on a illness, industrial injury, or pregnancy disability leave, or other leaves requiring clearance from a physician, a health clearance is required. The health clearance below must be completed by your personal physician and returned to Certificated Administrative Services prior to your return to work.

If there is an address and/or telephone number change after submission of this form, Certificated Administrative Services must be notified at (213) 241-6365.

D. TO BE COMPLETED BY ATTENDING PHYSICIAN
The above-named employee is under my professional care and will be able to return to work with [] without [] restrictions on this date ____/____/____. Describe restrictions in detail:

I certify that the above information provided hereon is true and correct to the best of my knowledge.
Signature of Physician _____ Date Signed _____
Type or print name of Physician _____ Degree _____ State License Number _____
Business Address _____ Street _____ City/State _____ Zip Code _____ (____) _____
Area Telephone Number _____

ORIGINAL MUST BE RETURNED TO:

Los Angeles Unified School District
Certificated Administrative Services -14th Floor
P.O. Box 3307
Los Angeles, CA 90051

HUMAN RESOURCES
Date ____/____/____
Initials _____

