LOS ANGELES UNIFIED SCHOOL DISTRICT

Human Resources Division – Certificated Assignments & Support Services

Certificated Request to Return From Leave

A. EMPLOYEE INFORMATION Name (Print) Pers ID/Emp No. Last First Middle Street City State Telephone Number Address Zip Teaching Credential(s) B. **DISTRICT TEACHING EXPERIENCE** - List most recent assignment first School Date From To Grade(s) Subject(s) Taught Grade(s) School Date From Τo Subject(s) Taught My current leave __ Expires Identify Type Month Day Year I am available for an assignment beginning Month Day Year Signature of Employee Date C. INSTRUCTIONS If you have been on a permissive leave, complete sections A and B and return to the Certificated Assignments & Support Services Office TWO CALENDAR MONTHS prior to the expiration of your leave. If you have been on an illness, rest, industrial injury, or pregnancy disability leave, your personal health care provider must complete Section D of this form. Where duty restrictions are listed by your health care provider, you must contact your Personnel Specialist at (213) 241-5100. Prior to your return, you may need to be cleared by the District Medical Director and/or referred to the Reasonable Accommodations Department. If there is an address and/or telephone number change after submission of this form, the Assignment Office must be notified at (213) 241-5100 as you may be referred for assignment interviews. TO BE COMPLETED BY TREATING HEALTH CARE PROVIDER 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 Health Care Provider Date Signed

ORIGINAL MUST BE RETURNED TO:

Type or print name of Health Care Provider

Los Angeles Unified School District Certificated Assignments & Support Services P.O. Box 3307, 15th Floor, Beaudry Los Angeles, CA 90051

State

Citv

Degree

State License Number

Telephone Number

Business

Address