



Lisette Estrella-Henderson, Superintendent of Schools
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CLASSIFIED REQUEST FOR LEAVE OF ABSENCE
(See CSEA Contract, Article 12 or PEU Contract, Article 11)

I hereby request an unpaid leave of absence from _____ to _____
for the following reason:

Signature _____

Date _____

Recommendation of Director: Approve _____ Disapprove _____

Dates: From _____ Through _____

Signature _____

Date _____

Superintendent: Approve _____ Disapprove _____

Dates: From _____ Through _____

Signature _____

Date _____