



## Medical/Maternity Leave Form

Stanislaus County Office of Education Induction Programs

Male  Female

Name: \_\_\_\_\_  
Last First Alternate Name (AKA)

District: \_\_\_\_\_ School: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What year of Induction participation are you?:  Yr.1  Yr.2  ECO

### Leave Request Information

I will need to take leave from my SCOE Induction experience for the following reason:

- Surgery       Illness       Bereavement Leave       Other \_\_\_\_\_
- Injury       Maternity Leave       Loss of Position      \_\_\_\_\_
- \_\_\_\_\_

### Plan of Completion (Mark ALL That Apply)

I have a scheduled return to work date of: \_\_\_\_\_

I will be missing two or less event dates:

Note: All absences affect the ability to apply for Induction Units at the end of the year. All absences must be made up either with your mentor or Induction Program Staff. Missing more than two event dates in a year will require a restart of that Induction year when the candidate is able to Participate in Induction again.

I have informed my district of this Induction Leave. \_\_\_\_\_

District Contact

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Email Address

I have informed my Mentor of this Induction Leave. \_\_\_\_\_

Mentor Name

I have discussed this leave with Christine Sisco and put into effect the following plan to complete this year of Induction

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\_\_\_\_\_  
Induction Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date