

Human Resources

REQUEST FOR LEAVE OF ABSENCE

SECTION 1 – TO BE COMPLETED BY THE EMPLOYEE

Employee Name:	Classification	Site/Department
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Address	Phone Number:	Date of Request
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Reason for Leave of Absence (CHECK ALL THAT APPLY):

- | | |
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| <input type="checkbox"/> Medical
<input type="checkbox"/> Pregnancy Disability Leave
<input type="checkbox"/> Parental Leave/Child Bonding (CFRA/Ed. Code)
<input type="checkbox"/> Personal Necessity Leave
<input type="checkbox"/> Military Leave
<input type="checkbox"/> Other (Please specify in remarks) | CSEA (Unpaid Leaves):
<input type="checkbox"/> Personal Leave
<input type="checkbox"/> Study, Retraining, Opportunity
ADTA (Unpaid Leaves):
<input type="checkbox"/> Sabbatical
<input type="checkbox"/> Opportunity |
|--|---|

Family and Medical Leave (FMLA)/California Family Rights Act (CFRA):

- Birth of a Child or Placement of a Child (Adoption/Foster)
- To care for a spouse, child parent who has a serious health condition
- My own serious health condition
- Qualifying exigency: spouse, child or parent is a military member on covered active duty or call to covered active duty status

<input type="checkbox"/> Initial Request	Requested Start Date: _____	<input type="checkbox"/> Intermittent or Reduced Work Schedule, please specify leave needs in remarks.
<input type="checkbox"/> Extension of LOA	Anticipated Return Date: _____	

Remarks: _____

Have you or will you be filing a supplemental Disability Insurance claim? Yes No

A leave of absence is normally a leave without pay. Paid leave (accrued sick leave or vacation) may be substituted for all or a portion of the unpaid leave in accordance with appropriate policies/contracts.

I wish to use paid leave as follows: Accrued Sick Leave Accrued Vacation

Employee Signature _____ Date: _____

SECTION 2 – TO BE COMPLETED BY PAYROLL

Number of Hours Worked in previous 12 Months: _____	Leave Balance as of: _____
Sick Leave _____ hours to be applied	Begins on _____ Ends on _____
Vacation Leave _____ hours to be applied	Begins on _____ Ends on _____
Differential Pay _____ days to be applied	Begins on _____ Ends on _____
Parental Leave _____ days to be applied	Begins on _____ Ends on _____
Unpaid Leave Begins on _____	

SECTION 3 – TO BE COMPLETED BY THE DISTRICT

Approval/Denial of Leave Request

Your request for leave is APPROVED and

- Qualifies Does Not Qualify under FMLA (see enclosed)
- Qualifies Does Not Qualify under CFRA (see enclosed)
- Qualifies Does Not Qualify under PDL (see enclosed)

We received medical certification to support your request for a leave of absence on: _____

Medical certification to support your request for leave is needed by: _____

Your leave will conclude on _____, you are expected back to work on the following work day, _____

Signature: _____ Date: _____

