STAFF REQUEST FOR LEAVE OF ABSENCE FORM

Name:_________________________________________ Employee ID _____________

Department: _______________________________ Extension: ___________

Supervisor: ___________________________________________________________

Dates of Leave Requested: ____________________________ to ____________________________ (return to work date)

Reason for Leave (please check all applicable leaves):

_________ Medical Disability*   _________ Pregnancy Disability*

_________ Industrial Disability*   _________ Other (explain below)

_________ Personal (explain below)   _________ Leave to care for a family member*

_________ Leave to care for a newborn or child after placement

_________ Jury Duty

_________ Military Duty

*Medical, Industrial, Pregnancy, and Family and Medical Leave to care for an ill family member requests require medical certification be provided to Human Resources and where applicable, approval by the appropriate disability benefit administrator. Approved medical, pregnancy and industrial leaves will be applied to the maximum benefit under the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) herein referred to as family and medical leave. Refer to the Staff leave of absence guide for additional details.

During a medical, industrial or pregnancy disability leave, I understand that I must integrate my accrued sick leave with my disability benefit as stated in the Staff Policy Manual. I further understand that once my sick leave is exhausted, I have the option to request the use of my accrued vacation and elect to do so as follows:

I do / do not wish to utilize my accrued vacation hours during my medical disability leave.
(circle one)

During a family medical leave, I understand that I may be required to utilize 2 weeks of accrued but unused vacation before receiving Paid Family Leave benefits. After this requirement has been met I have the option to integrate my accrued sick or vacation leave with my Paid Family leave benefit and elect to do so as follows:

I do / do not wish to utilize my accrued sick hours during my family and medical leave
(circle one)

I do / do not wish to utilize my accrued vacation hours during my family and medical leave
(circle one)

Employee Signature ___________________________ Date ________________

Supervisor Signature ___________________________ Date ________________