UNION STAFF REQUEST FOR LEAVE OF ABSENCE FORM

Name: ___________________________ Employee ID __________

Department: ________________________ Extension: _________

Supervisor: __________________________

Dates of Leave Requested: __________ to __________

(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. Please refer to your Collective Bargaining Agreement for additional information.

You have the option to utilize any accrued sick leave or vacation hours during your leave of absence. Accrued sick leave will be exhausted before vacation hours are used. Any disability benefit received will be integrated with accrued sick leave or vacation unless otherwise noted below.

_____ I do wish to utilize my accrued **sick** leave during my leave
_____ I do not wish to utilize my accrued **sick** leave during my leave

_____ I do wish to utilize my accrued **vacation** leave during my leave
_____ I do not wish to utilize my accrued **vacation** leave during my leave

____________________  __________________________
Employee Signature          Date

____________________  __________________________
Supervisor Signature        Date