



ADMINISTRATIVE EMPLOYEES - REQUEST FOR LEAVE and LEAVE PROTECTIONS

Name: _____ ID#: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Contact No.: _____ Email: _____ Dept.: _____

This leave is a: New Request Request to Extend a Leave¹ Change to a scheduled leave

Amount of leave Requested: Continuous Intermittent Reduced Schedule

Date of Leave: From (dates) _____ to _____

Employee Signature _____ Date _____

Type of leave Requested: (Check all That Apply)

Medical Leave (Attach the required supporting Medical Certification/doctor's note)

My Medical Leave is for:

- My Own Illness or Care
- Child Bonding or Assumption of Child Rearing
(Birth/Placement Date: _____
 My spouse/partner is a District employee also taking child bonding leave
- Pregnancy Disability Leave (PDL) or Related Condition
- Care for a Qualifying Family Member with a serious health condition

State relationship and type of care to be provided:

This is a Workers' Compensation related injury/illness

During my leave I would like to supplement my pay by using my accrued:
 sick leave vacation

I DO NOT wish to supplement my medical with Pay from my accrued leave balances.

FMLA/CFRA:

I would like to request leave protections under the Family Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA) for the purpose identified above OR to:

- Care for Next of Kin Covered Military Service Member
- Military Exigency Related to Deployment

Other leave types:

Personal Leave (unpaid leave)

Military Leave (Reservist – Attach Orders)

Other, Please Specify: _____

NAME & TITLE	SIGNATURE	DATE	APPROVE ²	DENY (attach reason, if required)
(Employee's Supervisor)				
(HR Officer/Designee)				

¹ Requests for extension of FMLA/CFRA or PDL leave must be submitted two business days prior to the end of the currently scheduled FMLA/CFRA or PDL leave when practicable. Failure to submit timely request may delay granting the extension.

² FOLLOWING VERIFICATION OF ELIGIBILITY AND MEDICAL NECESSITY, CERTAIN LEAVE TYPES MUST BE DESIGNATED ON THE DESIGNATION FORM EVEN IF NOT REQUESTED. THIS FORM CANNOT BE USED TO APPROVE OR DENY FMLA, CFRA OR PDL PROTECTIONS. SIGNATURE ACKNOWLEDGES RECEIPT OF FMLA, CFRA, OR PDL REQUEST ONLY.