

Roseville City School District

REQUEST FOR LEAVE

Employee Name: \_\_\_\_\_

4-digit Employee ID#: \_\_\_\_\_

Worksite(s): \_\_\_\_\_

Job Title: \_\_\_\_\_

Duration of Requested Leave: First Day: \_\_\_\_\_

Last Day: \_\_\_\_\_

- Leave of Absence
- Extension of Leave of Absence
- Intermittent Leave/Reduced Work Schedule

Reason for Request:

- |  |  |
|--|--|
| <input type="checkbox"/> Employee Own Serious Health Condition<br><input type="checkbox"/> Close Family Member with Serious Health Condition<br><input type="checkbox"/> Pregnancy- Related Disability<br><input type="checkbox"/> Child bonding for Newborn (CFRA – mother following PDL)<br><input type="checkbox"/> Child bonding for Newborn (CFRA-FMLA -- father or second parent)<br><input type="checkbox"/> Child bonding for Adopted or Foster Care Child (FMLA-CFRA – all parents)<br><input type="checkbox"/> Child bonding leave no FMLA-CFRA but applying Ed. Code<br><input type="checkbox"/> Military Caregiver Leave <input type="checkbox"/> Military Exigency Leave<br><input type="checkbox"/> Injured Military Veteran<br><input type="checkbox"/> Military Service<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Child Care or School Emergency<br><input type="checkbox"/> Legal Proceedings - witness<br><input type="checkbox"/> Legal Proceedings – jury duty<br><input type="checkbox"/> Legal/resources - party<br><input type="checkbox"/> Personal Necessity<br><input type="checkbox"/> Professional Development<br><input type="checkbox"/> Union Business<br><input type="checkbox"/> Unpaid Personal Leave<br><input type="checkbox"/> Unpaid leave as reasonable accommodation<br><input type="checkbox"/> Industrial Injury or Illness<br><input type="checkbox"/> 261 Day |
|--|--|

I wish to use the following paid leave:

- Current Sick Leave     Accumulated Sick Leave     Accrued Vacation     Personal Necessity
- Personal Necessity Immediate Family Member (spouse, partner, child, parent, parent-in-law grandparent, grandchild, sibling)
- Industrial Injury/Illness (accepted WC claim only)

*Paid leave, including current or accumulated sick leave, extended sick leave, or vacation time shall be substituted in accordance with the policies or contracts.*

**Unpaid Leave:**  Personal Business

Reason for requested leave: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Recommendation of Immediate Supervisor:  Approved     Not Approved

Comments: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DISTRICT SECTION:**

Leave Request has been:  Approved     Not Approved

Comments: \_\_\_\_\_

District Office Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FMLA-CFRA Certification Received	_____ Yes	_____ No
PDL-FMLA Certification Received	_____ Yes	_____ No
Doctor Note or Work Status Received	_____ Yes	_____ No
Other documentation (non medical)	_____ Yes	_____ No

Leave designation letter sent    \_\_\_\_\_ Yes    \_\_\_\_\_ No    Dated \_\_\_\_\_ By \_\_\_\_\_