

Request for Leave of Absence

INSTRUCTIONS TO EMPLOYEE

Complete the "Employee Information" section. Select the type of leave being requested and complete the section. Sign and date the "Employee Leave Request Acknowledgement" section. Return this form as soon as possible to the Human Resources Department.

Certificated Employees – Attn: Amber Christman, **Classified Employees** – Attn: LeAnna Warner

EMPLOYEE INFORMATION

Employee's Name:	Date Form Completed:	
Employee's Job Title:	Work Location:	Employee ID#:
Home Address:		
Home or Cell Phone:	E-Mail Address:	

Check one type of Leave below (FMLA, CFRA/Parental, Personal, or Other)

FMLA LEAVE REQUEST – Reason for FMLA Leave: Please check one box below

- Employee must have worked at least 12 months of service with SMUSD prior the leave request date.
- Employee must have worked at least 1,250 hours of service during the 12-months period preceding the date the leave begins.
- Employee must not have taken FMLA during the 12-months preceding the date the leave begins.

Serious health condition of employee To care for the serious health condition of child, spouse or employee's own parent

Other - Please explain:

Form must be completed with dates (if unknown, state TBD with best estimate of date):

1. **Date Requested for Leave to Begin:** _____ **Return to Work Date:** _____
2. **Will this leave be taken on an Intermittent Basis?** Yes No

CFRA – PARENTAL LEAVE (AB 375 & AB 2393)

Birth of Child Placement of child for adoption or foster care

Date of Birth or Adoption of Child: _____ **Date Pregnancy Disability Leave Ended:** _____

Form must be completed with dates:

1. **Date Requested for Leave to Begin:** _____ **Return to Work Date:** _____
2. **Will this leave be taken on an Intermittent Basis?** Yes No

PERSONAL LEAVE REQUEST

Reason for Personal Leave Request:

Form must be completed with dates:

Date Requested for Leave to Begin: _____ **Return to Work Date:** _____

OTHER LEAVE REQUEST

Type of Leave Being Requested: _____ **Reason for Leave:** _____

Form must be completed with dates:

Date Requested for Leave to Begin: _____ **Return to Work Date:** _____

EMPLOYEE LEAVE REQUEST ACKNOWLEDGEMENT

I acknowledge that I have carefully read and fully understand the provisions under the SMUSD [Board Policy 4161.8](#) and the [SMEA/CTA/NEA & SMUSD Master Contract](#) or the [CSEA, and its Chapter #413 & SMUSD Master Contract](#).

Employee Signature _____

Date _____

LEAVE APPROVAL RESPONSE – HR USE ONLY

Completed Leave request form received by: _____ Date received: _____

Request for _____ Leave has been: APPROVED DENIED Reason for Denial Attached: YES NO

Assistant Superintendent, Human Resources & Development

Date _____