

LEAVE REQUEST FORM

Complete and submit to this form to request leave as soon as the need for leave is known. The employee's supervisor or manager must review and sign before submitting to Human Resources, Employee Benefits department. You may contact the Leave of Absence Manager to set up a meeting to explain your leave rights and benefits, and provide the necessary forms and documents.

NAME: _____ CWID# _____ EMAIL _____

DEPARTMENT: _____ EXTENSION: _____ JOB TITLE: _____

HOME ADDRESS: _____ HOME TEL. NO. _____

SUPERVISOR NAME: _____ EMAIL: _____ EXT. _____

HOURS WORKED PER DAY: _____ () FULL TIME () PART TIME PAY CYCLE (circle one)
SH SM MO- (9 10 12)

DATE OF HIRE _____ LAST DAY WORKED BEFORE LEAVE: _____

REQUESTED LEAVE DATES: FROM _____ TO _____
(Return to Work Date)

USE ACCRUED LEAVE: _____ SICK _____ VACATION _____

Reason for Leave *(Please check all that are applicable)*

Medical Leave*

- My own serious health condition
- Disability by Pregnancy, childbirth or related conditions*. Expected Delivery Date _____.
- Care for newborn, bonding of newly placed child. Expected Date(s) of Care _____.
- Care for your spouse, domestic partner, child, parent, parent in-law, grandparent, grandchild, sibling due to his/her serious health condition.

Military Family Leave

- To assist a child, spouse, or parent who is in the National Guard or Reserves with "qualifying exigency related to active military duty or a call to active military duty status. Expected Date of Care _____.
- Care for child, spouse, parent or "next of kin" who is covered service member with serious injury or illness incurred in the line of duty while on active Military duty. Expected Date of Care _____.

Workers Compensation

- Date(s) off due to work related injury or illness _____.

Other Leave Types

- Personal Leave (explain) _____ (vacation hours will be used for personal LOA)
- Military Duty _____ (date(s) of active duty)
- Organ Donation _____
- Other (explain) _____

*Medical Leave for yourself or to care for an ill family member, Pregnancy Leave Disability and Paid Family Leave, requires written medical certification from a health care provider be submitted to Human Resources to determine leave approval. Failure to provide medical certification, or to correct deficient certification may result in a delay or denial of leave. Approved medical, pregnancy and Workers' Comp. leaves will be applied in accordance with the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) and California Pregnancy Disability Leave (CPDL). A Leave Designation Notice determining eligibility of applicable leave will be sent to you.

PLEASE NOTE: You may not perform any work while on a continuous leave of absence for your own "serious health condition".

Claim for Voluntary Disability Insurance or Paid Family Leave

- Submitting a claim for Disability Leave (VDI claim) Submitting a claim for Paid Family Leave (PFL claim)

During a leave for medical care or pregnancy disability, paid family leave, or worker's comp, I understand that I have the option to integrate my accrued sick leave with my disability leave or paid family leave benefit payments. I further understand that once my sick leave is exhausted, I may use my accrued vacation leave during my medical or pregnancy disability, paid family leave or unpaid FMLA/CFRA leave. **Filing a fraudulent leave of absence claim is cause for disciplinary action, up to and including termination of employment.**

Employee Signature (requesting leave)

Date

Supervisor Signature

Date

(Acknowledging leave request. Please retain a copy for your employee's personal file.)