



Human Resource Services

**REQUEST FOR FAMILY AND MEDICAL LEAVE**

**Family Medical Leave Act (FMLA) & California Family Rights Act (CFRA)**

**INSTRUCTIONS:** This form is to be filled out by the employee and returned to Human Resources with the appropriate certifications. If the leave is determined to qualify for FMLA and/or CFRA Leave, the employee will receive a designation notice.

If you leave does qualify as FMLA and/or CFRA leave you will have the right for up to 12 weeks (480 hours) of unpaid leave (26 weeks for military caregiver leave) in a 12-month period calculated as a fiscal year (July 1 – June 30). You may opt to use your eligible paid leave (sick, vacation, half-pay) during your absence.

Date of Request: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ ID# \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Classification: Faculty Administrator CAST Classified

Begin date of Leave: \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

Percentage of Leave Requested \_\_\_\_\_% OR Intermittent Leave of 480 hours per fiscal year.

Did you have an approved leave in the past fiscal year? Yes Date: \_\_\_\_\_ No

I would like to use my eligible sick, vacation, and/or half-pay to be paid during my leave. I will submit an absence report for leave time used to payroll on a monthly basis.

**I request a Leave for the following reason (check only one)**

Own injury/illness (not work-related)

Pregnancy/Disability Leave

To care for a newborn or placed child.

Date of Birth/Placement: \_\_\_\_\_

To care for an immediate family member because such family member has a serious health condition.

Relationship: \_\_\_\_\_

Work-Incurred injury/Illness

Date of injury or illness: \_\_\_\_\_

Military Caregiver Leave/Exigency Leave

**Acknowledgment**

**While on unpaid status, I understand that I will not accrue sick or vacation leave and I may choose to continue my insurance coverage by arranging full payment with Human Resource Services.**

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

\_\_\_\_\_  
Date

*Human Resource Services Use Only*

Date supporting documentation received \_\_\_\_\_

Begin date of leave \_\_\_\_\_

Governing Board Date \_\_\_\_\_

End date of leave \_\_\_\_\_

Date designation notice sent \_\_\_\_\_

Hours of leave remaining \_\_\_\_\_