

REQUEST FOR LEAVE OF ABSENCE  
(Please read Important Information on Page 2)

<b>NAME</b>		<b>DATE</b>
<b>HOME ADDRESS</b>	<b>CITY</b>	<b>ZIP</b>
<b>DEPARTMENT</b>	<b>EMPLOYEE ID #</b>	HOME PHONE
<b>JOB TITLE</b>	<b>DIVISION</b>	

INITIAL LEAVE REQUEST                      or                       EXTENSION OF LEAVE REQUEST\*

\*Note: Extensions require approval and timely submission of appropriate documentation to support the request

REASON FOR LEAVE: (Please check the appropriate box below to indicate the reason for your leave request)

**Medical Leave (All Medical Leave requests require a signed Medical Certification from an approved Medical Practitioner)**

- Health Condition (Self)
- Job Related Injury/Illness                      Injury Date: \_\_\_\_\_
- Pregnancy Disability                                      Expected Delivery Date: \_\_\_\_\_
- Health Condition of a Family Member              Name & Relationship: \_\_\_\_\_

Personal Leave (Education & Bonding Leave requests will require appropriate documentation to support request)

- Education/Training (School verification required)      Other (specify reason): \_\_\_\_\_
- Bonding Leave - New Child (CFRA qualifying)

**Military Leave**

- Active Duty (Attach Military Orders)

INCLUSIVE DATES OF LEAVE: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ **EXPECTED RETURN DATE:** \_\_\_\_\_

**INSURANCE: Employee is responsible for arranging continuation of coverage; see Continuation of Insurance on Page 2.**

I want to continue the County Health and Life Insurance for myself and my dependents.

**Note Regarding New Dependents:**

If you acquire a new dependent while on leave, you must enroll that dependent in Human Resources within 30 days of the date of birth, adoption or marriage.

I do not want to continue the County Health and Life Insurance.

I CERTIFY THAT I HAVE READ THE INFORMATION PRINTED ON THE BACK OF THIS FORM AND I UNDERSTAND MY RIGHTS AND OBLIGATIONS.

Employee Signature (If available):	Date
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**FOR DEPARTMENT USE ONLY**

County Hire Date: \_\_\_\_\_ Employee Status: \_\_\_\_\_

- Does this leave qualify under the FMLA/CFRA?  YES  NO (i.e. tm, pt, pb, pm, etc.)
- Medical information/certification attached                       Proof of birth or placement of child
  - FMLA Administration Module Updated

If leave extension, indicate initial start date of leave: \_\_\_\_\_

During the preceding twelve months, employee has used \_\_\_\_\_ hours of paid/unpaid leave, which qualifies under FMLA/CFRA.

**For Personal Leave Only:**

- Date of Last Evaluation: \_\_\_\_\_ Rating:  Satisfactory  Unsatisfactory
- Continuous Service:  Less than 12 months  12 months or more

Dates of Leave:  Approved as requested     Modified: From \_\_\_\_\_ To \_\_\_\_\_     Denied

**Leave Approved As Follows:**

- FMLA/CFRA Leave - Medical Certification Attached
- Medical Leave Non-FMLA/CFRA - Medical Certification Attached
- CFRA Bonding Leave - Documentation Attached
- Extension of Leave - Documentation Attached
- Personal Leave up to 30 Days
- Personal Leave over 30 Days Recommended
- Personal Leave for Education
- Military Leave - Orders Attached

Signature-Appointing Authority or Designee:	Date
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**FOR HUMAN RESOURCES DIVISION USE ONLY**

Eligible for FMLA/CFRA insurance coverage from \_\_\_\_\_ to \_\_\_\_\_ FMLA Ends: \_\_\_\_\_  
( ) Leave approved as recommended      ( ) Other: \_\_\_\_\_ Dates: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUEST FOR LEAVE OF ABSENCE  
IMPORTANT INFORMATION**

**NOTE: When foreseeable, all leaves must be requested 30-days in advance**

**AUTHORIZED APPROVAL OF LEAVES**

A Department Head may grant a leave of absence with or without pay, of 30 calendar days or less, to an employee for reasons acceptable to the Department Head (except maternity leaves). Leaves, with or without pay, of over 30 calendar days require the approval of the Department Head and the Human Resources Director. This form **must** be submitted when an employee makes a request for a leave of absence.

**RETURN FROM LEAVE**

A medical clearance is required before an employee may return from a medical leave.

Reason for Leave	Leave Allowances & Eligibility Information
Pregnancy Leave (PDL)	For Pregnancy Disability - Up to 16 weeks maximum. Employees are eligible upon hire. If eligible, may run concurrently with Family Medical Leave Act (FMLA) leave.
Bonding Leave (FMLA/CFRA)	If eligible under state/federal law, an employee may be granted up to twelve weeks additional leave for bonding. If not eligible, approval will be at the discretion of the Department Head.
Eligible Family Medical Leave (FMLA/CFRA)	Twelve weeks combination paid/unpaid leave in any twelve-month period must be granted to eligible employees. Requires medical certification. SEE FAMILY LEAVE FLYER FOR DETAILS.
Personal medical illness or disability leave	Requires Medical certification.
Personal Leave	Up to one year--Department Head discretion. All Personal Leaves require current satisfactory performance evaluation. May be extended up to one additional year.
Education leave or training that furthers department goals	Up to one year leave without pay--Department Head discretion. May be extended up to one additional year. Performance evaluation must be satisfactory.
Military Leave	Active duty - with pay Employee must have 12 months qualifying service prior to the leave (either county or full time military service). Copy of active duty military orders must accompany this form. Paid temporary military leave can be authorized for a max. of 30 days per fiscal year. A total of paid/unpaid temporary military leave cannot exceed 180 calendar days, unless extended by the Board of Supervisors during emergency situations. (Contact the Human Resources Division if orders indicate more than 180 days - certain job protections may apply). Weekend drills are not active duty.

**ELIGIBILITY FOR LEAVE**

- a. **Accrued time:** Employees are required to use accrued leave time before taking leave without pay. (Note: For Workers Compensation leaves, contact Risk Management for coordination of leave accrual options)
- b. **Service:** Regular employees with less than 12 months continuous and consecutive service (probationary) are not eligible for personal leaves, or educational leaves. To qualify for FMLA/CFRA Leave, employees must have 12 months of service and at least 1,250 hours in the 12- month period before the date leave begins. Regular employees with 12 months or more of consecutive service may be eligible for all leaves.
- c. **Documentation:** Employees must provide medical, school, military orders, or other documentation necessary to support the leave request. All leaves for medical reasons (whether for the employee or for family members) require an approved medical certification. A Medical Certification Form must be submitted with the Request for Leave of Absence Form.

**CONTINUATION OF INSURANCE DURING LEAVES:**

The County pays employer contribution for health insurance coverage when an employee is on payroll for 41 hours or more in a bi-weekly pay period. Whenever an employee is on payroll for less than 41 hours in a bi-weekly pay period (and is not on an approved FMLA Leave or Workers' Compensation Leave), the employee must make arrangements to pay the full amount of the premiums for continuation of coverage or loss of coverage will result. To continue coverage, the employee must make arrangements with the Human Resources Division to pay the full amount of the premium **in advance** of coverage.

**CONTINUATION OF INSURANCE FOR ELIGIBLE FMLA LEAVES:**

The County pays the employer contribution for FMLA eligible employees. The employee must make arrangements to pay his/her share of dependent or Choice Plan contributions to Human Resources. **DEPENDENTS WILL NOT BE COVERED UNLESS EMPLOYEES PAY THEIR SHARE OF DEPENDENT COVERAGE TO HUMAN RESOURCES IN ADVANCE.**

**CONTINUATION OF INSURANCE FOR WORKERS' COMPENSATION LEAVES:**

The County pays the employee only contribution for employees on workers' compensation leaves. The employee must make arrangements to pay the full dependent cost or Choice Plan contributions to Human Resources. **DEPENDENTS WILL NOT BE COVERED UNLESS THE EMPLOYEE PAYS THE FULL COST OF DEPENDENT COVERAGE TO HUMAN RESOURCES IN ADVANCE.**