

Request for Leave

(Do not use this form for requesting FMLA Leave.)

If you are requesting Leave under the **FAMILY AND MEDICAL LEAVE ACT**, obtain and complete FMLA 1A & 2.

☐ **NEW** ☐ **RENEWAL**

(Read reverse side for important information on leaves prior to completing form.)

SECTION I: Employee MUST Complete

Name _____ Social Security No. _____

Address _____ City, State Zip Code _____

Telephone No. _____ Employment Status: **Permanent** ☐ **Probationary** ☐ **Temporary** ☐ **Provisional** ☐ **Exempt** ☐

Type of Leave Requested: *(Check one below)*

☐ **Sick leave with pay** ☐ **Sick leave without pay**

☐ Check if you will be receiving State Disability Insurance and wish to supplement with Sick Leave, Vacation or Compensatory Time credits

☐ Check if you will be receiving State Disability Insurance and **DO NOT** wish to supplement with sick leave, vacation or compensatory time credits

☐ **Military Leave & Other Related Leaves** *(copy of orders must be attached)*

☐ Check Box if you are taking a Military Leave with Official Orders for Training (ref. CSR 120.26.7)

☐ Check Box if you are requesting Military Leave with Official Orders for Active Duty (ref. ASO Sec.2.3)

☐ Check Box if you are requesting Leave for a Spouse and Registered Domestic Partner during a Leave from Deployment: (ref. CSR 120.29)

(Check one below)

☐ Leave with pay (Discretionary leave credits only – i.e., VA, FH, AD, AE, OE)

☐ Leave without pay

☐ **Educational Leave**

☐ **Family Care Leave** *(for permanent employees only)*

☐ **Personal Leave** *(See Reverse Side) (Specify)* _____

☐ **To Accept Other City and County Employment**

Department: _____ Class No. & Title _____

☐ **Other:** *(Specify)* _____

Date of Leave: From : _____ Through : _____

Signature _____ Date _____

SECTION II - HEALTH CARE PROVIDER MUST COMPLETE *(For FMLA Leave, use Certification of Health Care Provider (FMLA2) form.)*

I, the undersigned health care provider, do hereby certify that the above-named employee is completely incapacitated for the performance of essential functions for the time period indicated below. In signing this form, I understand and agree to answer in a timely fashion the employer's reasonable questions as to the basis of the statements made on this form. I understand that my cooperation is necessary to secure the employer's approval of sick leave.

Date of leave: From _____ Through _____ Inclusive

Health Care Provider: (Print Name) _____ License No. _____

Address _____ City _____ State _____ Zip Code _____

Signature _____ Date _____ Telephone _____

RETURN TO PATIENT WHO IS RESPONSIBLE FOR FORWARDING TO THE EMPLOYER.

SECTION III - APPROVALS

PRINT NAME/TITLE	SIGNATURE	DATE	APPROVE	DISAPPROVE (ATTACH REASONS)
(Employee's Supervisor)				
(Personnel Officer/Designee)				
(Appointing Officer/Designee)				

Leaves of Absence - General Provisions

Leaves of absence are governed by the following general provisions: 1. Leave requests must be submitted to a department head or designee for approval; 2. A request for leave in excess of five (5) days must be approved in advance on the appropriate form by your supervisor, your department's Human Resources representative, and the Appointing Officer/Designee; 3. Employees who do not return to work when they are expected are absent without leave (AWOL) and may be subject to disciplinary action or automatic resignation; 4. Disapproval of certain types of Leave may be appealed either through the grievance procedure in your Collective Bargaining Agreement or the Civil Service Commission Rules. Consult with your Human Resource representative if you have a question or need more information.

Sick Leave. Sick leave requests for over 5 days must be certified by a licensed medical doctor, doctor of dental surgery, doctor of podiatric medicine, licensed clinical psychologist, Christian Scientist practitioner, licensed doctor of Chiropractic, or if this is a request under the FMLA, the health care providers that are identified in the FMLA.

Verification of sick leave for less than five (5) days may be required on an individual basis. It is your responsibility to notify your supervisor when you are unable to report for duty because of illness, and of the approximate date of your return to work. In cases of Sick Leave, the duration of leave requested by the employee in Section I of this form must be the same as the duration certified as necessary by the health care provider in Section II of this form.

SDI payments to an employee who has accumulated and is eligible to use sick leave with pay credits, vacation credits, or compensatory time off credits shall be supplemented with such credits so that the total of SDI and such credits, calculated in units of one hour provides up to, but does not exceed, the regular gross salary the employee would have received for the normal work schedule excluding overtime. An employee who wishes not to supplement must so indicate on the reverse side of this form within seven (7) calendar days following the first date of absence. Employees who are supplementing SDI earn sick leave with pay credits and vacation credits at the normal rate only for those hours of sick leave with pay credits used.

Except for Personal Leave and in those cases where the employee has obtained the prior approval of the appointing officer and the Human Resources Director, an **employee may not accept employment outside of the City and County service, other than military service, while on leave of absence.**

Family Care Leave. Unpaid Family Care Leave may be approved for up to one (1) year for permanent employees who have one (1) or more years of continuous service for the birth of the employee's child; the assumption of parenting or child rearing responsibilities; or the serious illness, health condition, mental or physical impairment of the employee's family member, domestic partner, child, parent or child for whom the employee has parenting responsibilities.

Military Leave. Military leave is governed by the provisions of applicable Federal and State laws, Charter provisions, and by the Civil Service Commission Rules. Under certain conditions, an employee may be granted military leave. Certain employees on military leave may receive their regular compensation for a period not to exceed 30 days; and may qualify to receive supplemental pay and benefits during a qualified active military leave duty. A copy of official orders must be attached to all related requests for military leave.

Leave for Spouse and Registered Domestic Partner During Leave from Deployment of Qualified Member. In compliance with the State of California Military and Veterans Code a qualified employee who is a spouse or registered domestic partner of a qualified member of the Armed Forces, National Guard, or Reserves shall be allowed to take up to 10 (ten) days of unpaid leave during a period of leave from deployment of the qualified member (ref. AB 392).

Jury Duty Leave. Employees must notify their supervisor when a jury summons is received. Any employee who is called to jury duty for a Municipal, State or Federal Court during the employee's working hours is allowed their regular compensation less the amount of jury fees paid while serving as a juror. Employees called as a witness in a non-work related matter may be granted leave without pay, unless vacation leave or compensatory time is granted.

Educational Leave. Employees may be granted leave for the purpose of securing educational or vocational training in a field related to their current position. Educational leaves for permanent employees may be granted for up to one (1) year. Requests for longer leaves must be renewed yearly.

Religious Leave. Employees may be granted religious leave when personal religious beliefs require the abstention from work during certain periods of the work day or work week. Religious leave is without pay unless a request to utilize accumulated compensatory time off, vacation time, or floating holidays is approved.

Leave to Accept Other City and County Employment. Leave by an employee to accept temporary or exempt appointment in the City and County may be approved by a department head for the duration of such appointment.

Personal Leave. Unpaid personal leave may be approved for an employee. Personal leave may be approved for a period of up to twelve (12) months within any two (2) year period.

Family and Medical Leave (FMLA). You may be eligible under the FMLA to take unpaid leave for up to 12 work weeks for any of the following reasons:

- a serious health condition that makes you unable to perform the functions of your position;
- birth and care of your newborn child;
- placement of a child with you for adoption or foster care;
- care for your spouse/domestic partner, son, daughter, or parent with a serious health condition.

Serious Health Condition. A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves either: any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice or residential medical-care facility and any inpatient care; or continuing treatment by a health care provider which includes any period of incapacity.

You must have worked a minimum of 1250 hours during the last 12 month period. You are required to use paid time whenever appropriate, subject to the approval of the appointing officer or designee.

Leave Extension: An employee who wishes to extend a leave of absence must submit a completed REQUEST FOR LEAVE to his/her immediate supervisor or department's Human Resources representative at least two weeks before the expiration date of the current leave. If the request is for sick leave, the health care provider must complete Section II of the request.

Leave Abridgment: An employee who wishes to abridge a leave must submit an amended REQUEST FOR LEAVE before returning to work, and, if the employee was on sick leave, the health care provider must certify that the employee is physically able to return to work.