

SAN LEANDRO UNIFIED SCHOOL DISTRICT
Employee Request for Additional Leave Under FMLA/CFRA Laws

<hr/> Last Name	<hr/> First Name	<hr/> Initial	
<hr/> Street Address	<hr/> City	<hr/> State	<hr/> Zip
<hr/> Contact Number		<hr/> E-mail Address	
<hr/> Position		<hr/> Work Site	

I request a leave of absence pursuant to the FMLA Laws as follows (check one):

- Pregnancy Disability (You are automatically placed on FMLA when you begin PDL)

_____ through _____
Start Date *End Date*

- Bonding with newborn child or child placed for adoption / foster care (CFRA)

_____ through _____
Start Date *End Date*

- Employee’s Own Serious Health Condition (Medical Certification Required)

_____ through _____
Start Date *End Date*

- Care for Employee’s Spouse, Dependent Child, or Parents with a Serious Health Condition (Medical Certification Required)

_____ through _____
Start Date *End Date*

<hr/> Employee Signature	<hr/> Date
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Personnel Services Use Only

- Approved
- Not Approved

<hr/> <i>Personnel Services Signature</i>	<hr/> <i>Date</i>
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Comments: