

Part A - EMPLOYEE INFORMATION

1. Name (Last, First, MI)	2. Employee ID	3. Dept ID	4. Union	5. Department /Division Name
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Part B- LEAVE INFORMATION

1. Leave Reason Attach supporting documentation <input type="checkbox"/> Family Care <input type="checkbox"/> Medical <input type="checkbox"/> Military <input type="checkbox"/> Parental <input type="checkbox"/> Personal <input type="checkbox"/> Pregnancy Disability 2. Intermittent <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Reduced Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is this an Extension? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Current Leave Request Start Date <input type="text"/> End Date <input type="text"/>	9. If you are eligible for disability insurance the City will automatically supplement your disability insurance pay with City pay (see reverse for more information). Please check box, if applicable <input type="checkbox"/> I will NOT file a disability insurance claim for this leave period. <input type="checkbox"/> I do NOT want my disability insurance pay to be supplemented with my City pay. I understand I will not receive pay from the City during my leave.
	6. Expected Return Date <input type="text"/>	
	7. Previous Leave Start Date <input type="text"/> End Date <input type="text"/>	
8. Please indicate the pay types you want used.		

EMPLOYEE: Please note important information on reverse side of this form!

I am aware of the Administrative Policy Instruction, and/or Civil Service Board rules governing this leave. I am also aware of the provisions in the labor agreement or Unrepresented Personnel Resolution covering my position which pertains to this leave.

Employee Signature

Date

Part C - PERSONNEL ACTION / DEPARTMENT APPROVAL

1. Effective Date <input type="text"/>	2. Does the employee qualify for City Parental Pay or Pregnancy Disability Pay? <input type="checkbox"/> No <input type="checkbox"/> PAR <input type="checkbox"/> PGD <input type="checkbox"/> 160 hours <input type="checkbox"/> 80 hours
3. PAR Processor (Name, Title, Signature, Date) Date <input type="text"/>	4. Department Authorization (Name, Title, Signature, Date) <input type="checkbox"/> Approved <input type="checkbox"/> Denied at Department <input type="checkbox"/> Pending HR Approval Date <input type="text"/>

Part D - REMARKS

Part E - HR USE

Division/Function	Initials/Signature	Date	Director of Human Resources Signature (Required if Over 90 days)
A) E&C			
B) Leave Admin			Date: _____



THE INFORMATION GIVEN BELOW IS IMPORTANT.

PLEASE BE SURE TO READ CAREFULLY!

Leaves of Absences must be reported to the Department of Human Resources when: 1) an employee is absent from duty for more than three (3) consecutive calendar days for Medical, Family Care, Pregnancy Disability or Parental Leave reasons either continuously or on a reduced schedule; 2) an employee is absent intermittently for Medical, Family Care, Pregnancy Disability or Parental Leave reasons; 3) an employee is absent from duty for more than 20 consecutive working days for a Personal Leave; or 4) an employee is absent for more than ten working days for Military Leave. It is your responsibility to submit requests for leave, or extensions for leave, as soon as the need is known. It is the department's responsibility to report leaves to the Department of Human Resources. It is imperative that your leave request is promptly forwarded to the Department of Human Resources for processing.

A medical certificate must be submitted for all Medical, Family Care and Pregnancy Disability leave requests. Parental Leaves require proof of birth while adoption and foster care placement of a child requires legal documentation. A copy of military orders must be submitted for all Military Leave requests.

Paid leave accruals may not be spread out by taking time without pay during several pay periods to avoid interruption of benefits. The City will continue health and welfare benefits contributions during unpaid leave if your leave is protected by the Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL) law or, if on Military Leave, you may be eligible for benefits under the Military and Veterans Code or other applicable laws. If an employee is in an unpaid status and is not on an a benefit-protected leave under FMLA/CFRA or PDL, the City may terminate an employee's benefits and a COBRA notice will be sent allowing the employee to elect continuation of coverage. Upon the employee's return to work, employees will be able to reinstate their benefits through the City. For information on FMLA, CFRA, PDL or Military and Veterans Code, or other applicable laws, please contact the Department of Human Resources, Citywide Leave Administrator at (916) 808-8976.

Employees on a Medical, Family Care, Pregnancy Disability, or Parental Leave and who are eligible for disability insurance will have their disability insurance pay automatically supplemented with available City pay (such as accrued sick, vacation, PTO, holiday accrued, parental pay, etc.). If you file a disability insurance claim you may elect to not supplement your disability insurance pay with leave accruals and go without pay (WOP). If you elect to not supplement disability insurance pay, you will not be paid by the City. You will be responsible for reimbursing the City for any applicable benefit costs, and/or may have your benefits terminated and be sent a COBRA notice. If you choose not to file a disability claim, you will be required to utilize your available City leave accruals resulting in receipt of 100% of base wages.

You must contact your department before your leave expires either to make arrangements to return to work or to request an extension of leave. Inexcusable failure to report to work upon expiration of approved leave is considered an automatic resignation. Be sure to read Civil Service Board Rule 10, as well as any related language in the current labor agreement or Unrepresented Personnel Resolution, which covers your position. If you are requesting a military leave, refer to Civil Service Board Rule 17.

As a condition of returning to work, an employee who was on Medical or Pregnancy Disability Leave must obtain and present certification from the Health Care Provider that the employee is able to resume work. The certification must be no more than 10 days old and state that the employee is able resume work with or without reasonable accommodation. The certification must specify any limitations that may require reasonable accommodation.

The City allows employees to take a total of six months off for a medical leave in a designated 12-month period. Pursuant to ADA and FEHA, employees with a disability may request a reasonable accommodation. If you know your medical leave will exceed six months due to a disability, contact the City's ADA Coordinatior at (916) 808-8795 immediately, so the City can begin the interactive process. If your family care leave exceeds four months or personal leave exceeds 90 days in a 12-month period, your position may be filled. If your position has been filled and there is no vacant position in the same classification in your department, your department will notify the Department of Human Resources to place your name on a reinstatement list per Civil Service Board Rule 10.

If you have any questions, call the Department of Human Resources, Leave Administrator at (916) 808-8976.