

Medical, Family Care, or Pregnancy Leave of Absence Request Form

EMPLOYEE INFORMATION				
Employee Name:		Job Title:		Employee ID #:
Union:	Personal Telephone #:	Personal Email:		
Address While on Leave:				
Department:		Department ID #:	Supervisor Name:	
REQUESTED LEAVE INFORMATION				
Leave Reason: <input type="checkbox"/> Medical Leave (Self) <input type="checkbox"/> Pregnancy Disability Leave (PDL) <input type="checkbox"/> Family Care Leave				
Leave Type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced Schedule				
Leave Start Date:	Leave End Date:	Pregnancy Disability:	Estimated Due Date:	
Family Care:	Name of Family Member/Patient:	Relationship to Patient:	Patient Date of Birth:	
PAY WHILE ON LEAVE				
<input type="checkbox"/> I will apply for Paid Family Leave (PFL) or State Disability Insurance (SDI) Benefits from EDD for this leave. <input type="checkbox"/> I will apply for Short-Term Disability (STD) Benefits from The Standard for this leave. <input type="checkbox"/> I will not file for SDI, PFL, and/or STD Benefits for the leave. I understand that I must use my own applicable leave accruals during my leave.				
<input type="checkbox"/> I wish to integrate my leave accruals with SDI/PFL/STD Benefits. <input type="checkbox"/> I do not wish to integrate my leave accruals with SDI/PFL/STD Benefits. I understand that I will not receive a paycheck from the City and am still responsible for payment of my medical, dental, vision, and other benefit premiums.				
ACCRUED LEAVE BALANCE USAGE				
List, in order beginning with the number one (1), which leave accruals you are requesting to use during your leave of absence. _____ Sick _____ Vacation _____ City-Paid Pregnancy Disability Leave (if eligible) _____ PCL _____ Holiday Accrued/Earned _____ CTO _____ ATO/ATS _____ PTO				
SIGNATURES				
	Printed Name	Signature	Date	
Employee:				
Supervisor/Manager:				
Submitted By / PAR Contact:				



NOTICE TO EMPLOYEE

THE INFORMATION GIVEN BELOW IS IMPORTANT. READ CAREFULLY.

Leaves of Absence 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 Bonding Leave reasons either continuously or on a reduced schedule; 2) an employee is absent intermittently for more than three (3) occurrences 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 Military service reasons. It is the employee's responsibility to submit requests for leave, or requests for extensions to current 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 leave requests are submitted promptly to the Department of Human Resources for processing.

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 benefit contributions during unpaid leave if your leave is protected by the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), and/or 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 a benefit-protected leave under FMLA, CFRA and/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, ADA & Leave Administration Office at (916) 808-8976.

Employees on Medical, Family Care, Pregnancy Disability, or Parental Bonding Leave and who are eligible for Paid Family Leave (PFL), State Disability Insurance (SDI), or Short-Term Disability (STD) benefits through The Standard will have their disability insurance pay automatically supplemented with all available leave accruals (including, but not limited to: sick, vacation, PTO, holiday accrued, City-paid parental pay, etc.). If you file a paid family leave or disability insurance claim, you may elect not to supplement your paid family leave or disability insurance pay with leave accruals and be absent without pay (AWP). If you elect not to supplement paid family leave or 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 paid family leave or 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. Failure to report to work upon expiration of approved leave will be treated as inexcusable absence without leave and is deemed an automatic resignation. Review 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 ten (10) days old and state that the employee is able to resume work with or without work restrictions. The certification must specify any work restrictions that may require reasonable accommodation.

The City's Leave Administration Policy allows eligible employees to take a total of six (6) months off for a Medical leave in a designated twelve (12) month period. Pursuant to the ADA and FEHA, employees with a disability may request a reasonable accommodation. If you know your medical leave will exceed six (6) months due to a disability, contact the City's ADA & Leave Administration Office at (916) 808-8976 immediately to begin the interactive process.

If you have any questions, please contact the Department of Human Resources, ADA & Leave Administration Office at (916) 808-8976.