Request for Leave of Absence – FMLA/CFRA/PDL

To be completed by employee requesting leave:

_____ _____
Employee Name Date

Reason for leave:

☐ Medical – Self ☐ Medical – immediate family ☐ Birth/Adoption of child (Baby-Bonding Leave)

☐ Pregnancy Disability Leave

☐ Caring for military service member ☐ Leave due to a qualifying exigency relating to military service

Expected date the leave begins: _____
Probable duration of leave: _____
Expected date that leave ends: _____

Leave will be:

☐ Continuous ☐ Intermittent

If requesting intermittent leave, please explain:

_____

_____

_____

During my leave, I can be reached at:

_____
Address

_____ _____ _____
City State Zip

(_____) _____-_____
Phone Number

I also understand that I am required to provide timely medical certification for my leave, and notify the school and provide additional medical certification should it be necessary to extend the leave.

Please refer to the Family Medical Leave Policy and/or the Pregnancy Disability Policy in the employee handbook for more information.

_____ _____
Employee's Signature Date

_____ _____
School Representative Date