

REQUEST FOR LEAVE OF ABSENCE

(Please read Important Information on Page 3)

Name	Date		
Home Address	City	Zip Code	
Department	Employee ID	Home/cell Phone	
Job Title	Division		

INITIAL LEAVE REQUEST OR **EXTENSION OF LEAVE REQUEST***

**Note: Extensions require approval and timely submission of appropriate documentation to support the request.*

REASON FOR LEAVE: (Please check the appropriate box below to indicate the reason for your leave request.)

Medical Leave (All Medical Leave requests require a signed Medical Certification form from an approved Medical Practitioner.)

- Health Condition (self)
- Job Related Injury Illness Injury Date: _____
- Pregnancy Disability Expected Delivery Date: _____
- Health Condition of a Family Member Name & Relationship: _____

Personal Leave (Education & Bonding Leave requests will require appropriate documentation to support request.)

- Education/Training (school verification required)
- Bonding Leave – New Child (CFRA qualifying) – You must enroll a new dependent within 60 days of date of birth, adoption or marriage.
- Other Specify reason: _____

Military Leave (Attach Military Order and/or appropriate certification to support request.)

- Active Duty
- Military Caregiver
- Qualifying Exigency Leave

INCLUSIVE DATES OF LEAVE: FROM _____ THROUGH _____
 EXPECTED RETURN DATE: _____

WILL THIS LEAVE BE INTERMITTENT? YES NO

USE OF PAID LEAVE ACCRUALS: You are required to use paid leave accruals (sick leave, vacation, compensatory time off, other leave time) during your FMLA/CFRA leave. You will be required to use one of the following: (Check only one box)

- Pending receipt of SDI, I wish to use sufficient accrued time so that I will receive a full pay check. When SDI payments begin, I will use 41 hours of accrued time each bi-weekly period. (Use 8 hours per day for the first 7 days; then use 4.1 per day beginning on the 8th day)
- I will be applying for PFL, I will use 41 hours of accrued time each bi-weekly period (using 4.1 per day beginning on the 1st day of my leave).
- I wish to use 8 hours per day of accrued leave time beginning the 1st day of my leave. I will not be applying for SDI or PFL.

Court Benefits: (check one box)

- I want to continue my Court Health and Life Insurance for myself and my dependents.
- I do not want to continue my Court Health and Life Insurance.

**Employee is responsible for arranging continuation of coverage; see Continuation of Insurance on Page 3.*

I CERTIFY THAT I HAVE READ THE INFORMATION ON PAGE 3 OF THIS FORM AND I UNDERSTAND MY RIGHTS AND OBLIGATIONS.

Employee Signature (if available)

Date

FOR DEPARTMENT USE ONLY

Court Hire Date: _____	Employee Status: _____
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Does this leave qualify under FMLA/CFRA? YES NO (i.e., tm, pt, pb, pm, etc.)

Medical information/certification attached Proof of birth or placement of child

If leave extension, indicate initial start date of leave: _____

During the preceding 12 months, employee has used _____ hours of paid/unpaid leave, which qualifies under FMLA/CFRA.

For Personal Leave Only:

Date of Last Evaluation: _____ Rating: Satisfactory Unsatisfactory

Continuous Service: Less than 12 months 12 months or more

Leave Approval As Follows:

- Approved as requested
- Approved, but leave dates modified: FROM _____ THROUGH _____
- Request Denied

- | | |
|---|--|
| <input type="checkbox"/> FMLA/CFRA Leave - Medical Certification Attached | <input type="checkbox"/> Personal Leave up to 30 Days |
| <input type="checkbox"/> Medical Leave Non-FMLA/CFRA – Medical Certification Attached | <input type="checkbox"/> Personal Leave over 30 Days Recommended |
| <input type="checkbox"/> CFRA Bonding Leave -Documentation Attached | <input type="checkbox"/> Personal Leave for Education |
| <input type="checkbox"/> Extension of Leave – Documentation Attached | <input type="checkbox"/> Military Leave – Orders Attached |

Signature – Manager: _____	Signature-Appointing Authority or Designee _____	Date _____
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FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Eligible for FMLA/CFRA insurance coverage	From _____ to _____	FMLA Ends _____	
Authorized Signature _____			Date _____

IMPORTANT INFORMATION

NOTE: When foreseeable, all leaves must be requested 30-days in advance.

AUTHORIZED APPROVAL OF LEAVES

A Department Head may grant a leave of absence with or without pay, of 30 calendar days or less, to an employee for reasons acceptable to the Department Head (except maternity leaves). Leaves, with or without pay, of over 30 calendar days require the approval of the Department Head, Human Resources Manager & CEO. This form **must** be submitted when an employee makes a request for a leave of absence.

RETURN FROM LEAVE: A medical clearance is required before an employee may return from a medical leave.

Reason for Leave	Leave Allowances & Eligibility Information
Pregnancy Leave (PDL)	For Pregnancy Disability – Up to 16 weeks maximum. Employees are eligible upon hire. If eligible, may run concurrently with Family Medical Leave Act (FMLA) leave.
Bonding Leave (FMLA/CFRA)	If eligible under state/federal law, an employee may be granted up to twelve weeks additional leave for bonding. If not eligible, approval will be at the discretion of the Department Head.
Eligible Family Medical Leave (FMLA/CFRA)	Twelve weeks combination paid/unpaid leave in any twelve-month period must be granted to eligible employees. Requires medical certification. SEE FAMILY LEAVE FLYER FOR DETAILS.
Personal medical illness or disability Leave	Requires Medical certification.
Personal Leave	Up to one year--Department Head discretion. All Personal Leaves require current satisfactory performance evaluation. May be extended up to one additional year.
Education Leave or training that furthers department goals	Up to one year leave without pay--Department Head discretion. May be extended up to one additional year. Performance evaluation must be satisfactory.
Military Leave Military Caregiver Leave Qualifying Exigency Leave	Active duty – with pay Employee must have 12 months qualifying service prior to the leave (either county or full time military service). Copy of active duty military orders must accompany this form. Paid temporary military leave can be authorized for a max. of 30 days per fiscal year. Weekend drills are not active duty. Up to 26 work weeks in a 12 month period for Military Caregiver

ELIGIBILITY FOR LEAVE

- a. *Accrued time:* Employees are required to use accrued leave time before taking leave without pay.
- b. *Service:* Regular employees with less than 12 months continuous and consecutive service (probationary) are not eligible for personal leaves, or educational leaves. To qualify for FMLA/CFRA Leave, employees must have 12 months of service and at least 1,250 hours in the 12- month period before the date leave begins. Regular employees with 12 months or more of consecutive service may be eligible for all leaves.
- c. *Documentation:* Employees must provide medical, school, military orders, or other documentation necessary to support the leave request. All leaves for medical reasons (whether for the employee or for family members) require an approved medical certification. A Medical Certification Form must be submitted with the Request for Leave of Absence Form.

CONTINUATION OF INSURANCE DURING LEAVES:

The Court pays employer contribution for health insurance coverage when an employee is on payroll for 41 hours or more in a bi-weekly pay period. Whenever an employee is on payroll for less than 41 hours in a bi-weekly pay period (and is not on an approved FMLA Leave or Workers' Compensation Leave), the employee must make arrangements to pay the full amount of the premiums for continuation of coverage or loss of coverage will result. To continue coverage, the employee must make arrangements with the Human Resources Department to pay the full amount of the premium **in advance** of coverage.

CONTINUATION OF INSURANCE FOR ELIGIBLE FMLA LEAVES:

The Court pays the employer contribution for FMLA eligible employees. The employee must make arrangements to pay his/her share of dependent or UHC contributions to Human Resources. **DEPENDENTS WILL NOT BE COVERED UNLESS EMPLOYEES PAY THEIR SHARE OF DEPENDENT COVERAGE TO HUMAN RESOURCES IN ADVANCE.**

CONTINUATION OF INSURANCE FOR WORKERS' COMPENSATION LEAVES: The Court pays the employee only contribution for employees on workers' compensation leaves. The employee must make arrangements to pay the full dependent cost or UHC contributions to Human Resources. **DEPENDENTS WILL NOT BE COVERED UNLESS THE EMPLOYEE PAYS THE FULL COST OF DEPENDENT COVERAGE TO HUMAN RESOURCES IN ADVANCE.**