REQUEST FOR LEAVE OF ABSENCE SAN DIEGO COMMUNITY COLLEGE DISTRICT

<u>INSTRUCTIONS</u>: PLEASE PREPARE ONE COPY AND SUBMIT TO YOUR SUPERVISOR AND/OR MANAGER FOR CONSIDERATION. <u>IMPORTANT</u>: NOT ALL LEAVES ARE AVAILABLE TO ALL EMPLOYEES REFER TO APPROPRIATE BARGAINING AGREEMENT/HANDBOOK FOR INSTRUCTIONS AND REGULATIONS

EMPLOYEE NAME: (LAST, FIRST, MIDDLE)			BARGAINING UNIT		EMPLOYEE ID #	EMPLOYEE ID #	
LOCATION NO. LOCATION NAME:			POSITION TITLE:			<u> </u>	
START DATE	END DATE NO. OF	DAYS	I	NO. OF HOU	RS	TIME (FROM	– TO)
Type of Leave [check appro	opriate box] and provide details as indicate	d. Only the employee sh	hould complet	e the form.	Any changes should be init	tialed by the	employee.
Vacation					Change to previously submitted request? Y N Previous Dates:		
Sick Leave** (may need verification from physician)					Comments/Reasons:		
Family Necessity Leave ** Care for unit member's sick child, parent, spouse or domestic partner.							
Leave, per calendar year, taken from Accrued, Full Salary Sick Leave only.					Relationship:		
Personal Necessity Leave ** (may qualify for FMLA depending on circumstances) Leave, per fiscal year, taken from Accrued, Full Salary Sick Leave only.					Reason (<i>if required by agreement</i>)		
Come Time					Available balance Remaining Balance		
Comp Time SHORT-TERM LEAVE (NOT TO EXCEED 30 CALENDAR DAYS)					(for office use only) Comments/Reasons:		
(paid, unless otherwise indicated)							
Personal Business w/Pay							
Personal Business w/out Pay** (may qualify for FMLA depending on circumstances)							
Adoption/Paternity/Parental Leave ** w/pay (One day paid leave)							
Bereavement Leave (indicate # of travel miles					Relationship:		
Short-Term Military Leave (not to exceed 30 workdays)					Attach Orders		
Court Appearance (other than litigant)							
Jury Duty					Attach supporting documents		
LONG-TERM LEAVE (In excess of 30 CALENDAR DAYS)					Comments/Reasons:		
(<u>unpaid</u> unless otherwise indicated)							
Health Leaves - including leave due to pregnancy**					Relationship:		
Family/Parental ** (not qualifying for FMLA/CFRA)					Attach Materials Outlined in Agreement		
Professional Study Leave					Attach Materials Outlined in Agreement		
Service to Other Public Agencies & Institutions					Attach Orders		
Long-Term Military Leave - more than 30 workdays per college year (First 30 days paid)							
Other (specify reason) - at Chancellor's discretion					Specify reasons:		
OTHER LEAVE OF ABSENCE							
On The Job Injury/Industrial Accident **(requires physician's signature below)					Date of Injury:		
Employee Organization Leave					Name of Organization:		
Union-Paid Release Time					Identify Union:		
District Off-site Activity (District interviews, workshops, staff development meetings)					Identify District Activity:		
	GENERAL INFORMATION -	FMLA/CFRA			GENERAL INFO	RMATION -	FMLA/PDL
Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA) **					Family Medical Leave Act (FMLA)/Pregnancy Disability Leave (PDL)**		
Birth of a child/Care of newborn Date of Birth Care for employee's parent, child, spouse or domestic partner					 Pregnancy that makes absence from work medically necessary 		
Adoption, placement or Foster care (with employee) Date of Adoption Serious health condition of employee (<i>Note: CFRA does not include pregnancy or related medical conditions within</i>							
definition of serious h	nealth condition.)						
	VE CONSTITUTES NOTIFICATION FOR FM RENTLY WITH ANY AVAILABLE FMLA AN					. PLEASE BE A	ADVISED THAT THE
EMPLOYEE'S SIGNATURE DATE MANAGER'S/SUPE Please read the notice on page two of this form) DATE MANAGER'S/SUPE					ERVISOR'S SIGNATURE		DATE
,	L U U U Y						
(For Long-term Unpaid Leave of Absence for "Other") CHANCELLOR'S S					IGNATURE		DATE
Physician's Ce	rtification: I certify that the above nar	ned person was unabl	le to work du	ring the abov	ve period.		
PHYSICIA	N'S SIGNATURE		— <u> </u>	ICENSE NC) .	DATE	
	AL: TIMEKEEPER PHOTOCO	PY: SUPERVISOR		COPY: EM			Feb. 29, 2008

NOTICE TO EMPLOYEES REQUESTING FAMILY AND/OR MEDICAL LEAVE OF THEIR SPECIFIC RIGHTS AND OBLIGATIONS [Refer to your appropriate bargaining agreement/handbook for more detailed instructions.]

- In order to qualify for Family Medical Leave Act and/or the California Family Rights Act you must (a) have been employed by the District for at least 12 months and have worked a minimum of 1250 hours of service during the 12-month period immediately preceding the commencement of the leave. NOTE: The District has adopted the "rolling 12 month period" for determining eligibility. This means that the District will measure back 12 months from the date of the qualifying event.
- 2. Any District-approved leave of absence that you take, paid or unpaid, that is FMLA/CFRA qualifying will run concurrently with the leave provided under your annual 12-week federal Family Medical Leave Act ("FMLA") entitlement and your annual California Family Rights Act ("CFRA") entitlement. Hereinafter this notice shall refer to both leaves as FMLA. EXCEPTION: Female employees are allowed up to 28 weeks (FMLA/CFRA 12 weeks plus PDL 16 weeks) for reasons of pregnancy, childbirth or related medical conditions. Unit members wishing to take FMLA/PDL must provide the District with at least thirty (30) days advance notice before the leave begins if the need for leave is foreseeable.
- **3.** If you are requesting federal FMLA leave due to your own serious health condition or a serious health condition of a family member, you must provide a medical certification regarding the nature of the illness with submission of this form.
- 4. You are required to provide re-certification of the serious health condition every 30 days or, under certain circumstances, before 30 days. Failure to provide a medical certification may result in denial of your leave or the continuation of your leave until the certification is provided.
- 5. Medical certification need not identify the serious health condition but shall contain: (a) date, if known, on which the serious health condition began; (b) probable duration of the condition; (c) an estimate of the amount of time which the health care provider believes the employee needs to care for individual requiring care; and, (d) a statement that the serious health condition warrants the participation of the employee to provide care during a period of treatment or supervision of the child, parent or spouse. If the medical certification of the serious health condition is for the employee, the certification shall also include whether the employee is able to work at all or is unable to perform any one or more of the essential functions of his or her position.
- 6. You may be required to provide a fitness-for-duty certification before you will be restored to employment.
- 7. You may be required by the SDCCD to substitute accrued vacation or other paid leave in place of your FMLA leave if you are eligible for the paid leave according to your bargaining agreement. Such paid leave will be counted against your FMLA entitlement.
- 8. You are entitled to restoration after FMLA leave to the same or equivalent job upon return from leave. However, after your FMLA leave has been exhausted, if you continue on some other form of unpaid leave, you may not be entitled to be restored to your position.
- **9.** If applicable, you will be required to continue paying your share of your regular health insurance premiums to maintain your health benefits during FMLA unpaid leave. The Benefits Office at the inception of your FMLA will bill you. If your health insurance is District paid, you will continue to be covered during FMLA unpaid leave.
- **10.** You may be liable for the payment of health insurance premiums paid by the SDCCD during your FMLA leave if you fail to return to work after taking FMLA leave. If payment is required the Benefits Office will bill you.