



REQUEST FOR LEAVE OF ABSENCE CERTIFICATED EMPLOYEE

SECTION 1. PERSONAL INFORMATION Employee to complete Sections 1 and 2 and submit to Principal/Supervisor for signature.				
Last Name:		First Name:		EIN:
Site/Department:			Position:	
<input type="checkbox"/> Home or <input type="checkbox"/> Cell Phone:			Supervisor:	
Leave Start Date:		Leave End Date:		
SECTION 2. LEAVE TYPE REQUESTED Check the type of leave and provide required documentation.				
<i>REFER TO BACK OF FORM FOR LEAVE INFORMATION, ENTITLEMENTS AND REQUIRED SUPPORTING DOCUMENTATION</i>				
<input type="checkbox"/> EXTENDED ILLNESS / EMPLOYEE SERIOUS HEALTH CONDITION (SL)				
<input type="checkbox"/> PREGNANCY DISABILITY / MATERNITY LEAVE (ML)				
<input type="checkbox"/> CHILD BONDING LEAVE / BABY BONDING (BB)		START DATE:		END DATE:
<input type="checkbox"/> FAMILY MEDICAL LEAVE ACT (FMLA/CRFA) <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent (Must contact HR to determine qualification)				
<input type="checkbox"/> PARENTAL LEAVE (PL)			<input type="checkbox"/> JURY DUTY (JD)	
<input type="checkbox"/> IMMINENCE OF DEATH (ID) Relationship:			<input type="checkbox"/> BEREAVEMENT (BL) Relationship:	
<input type="checkbox"/> MILITARY LEAVE (GI)			<input type="checkbox"/> ASSOCIATION LEAVE / UNION BUSINESS (UB)	
PERSONAL NECESSITY (PN) Check one of the following: **Prior approval necessary for more than five (5) consecutive days				
<input type="checkbox"/> 18.502 (1) Death or serious illness of a member of his or her immediate family, close friends or relatives other than immediate family				
<input type="checkbox"/> 18.502 (2) Accident, involving his or her person or property, or the person or property of a member of his or her immediate family, close friends, or relatives other than members of the immediate family				
<input type="checkbox"/> 18.502 (3) The birth or adoption of his/her child				
<input type="checkbox"/> 18.502 (4) **Attendance at religious observances, weddings, or observances honoring a unit member or members of employees of the unit member's immediate family, and close friends or relatives other than immediate family				
<input type="checkbox"/> 18.502 (5) **Attending to legal or business matters of compelling personal importance, which cannot be attended outside the workday				
<input type="checkbox"/> 18.502 (6) Unexpected personal or family situations, which require immediate attention				
<input type="checkbox"/> 18.502 (7) Appearance in court as a litigant				
<input type="checkbox"/> 18.502 (8) **PreK-12 School sponsored, supervised and/or approved activities leave for child-related activities (for parent, grandparent, guardian, stepparent, foster parent or person who stands in loco parentis to a child of the age to attend Pre-K through grade 12)				
<input type="checkbox"/> 18.502 (9) Matters of personal importance (PI) Maximum of three (3) days per year out of ten (10) Personal Necessity days				
UNPAID LEAVES			HR USE	
<input type="checkbox"/>	LONG TERM LEAVE – Working _____ % REASON:			Year: 1 2
<input type="checkbox"/>	STRS REDUCED WORKLOAD – Working _____ %			Year: 1 2 3 4 5
<input type="checkbox"/>	CHILD REARING Birth/Adoption/Foster - Working _____ % <input type="checkbox"/> Newborn/Newly Adopted <input type="checkbox"/> Not Newborn/Newly Adopted			
<input type="checkbox"/>	OTHER (OL) – REASON (Attach required documentation from Collective Bargaining Agreement/Union Contract)			

_____ Signature of Employee	_____ Date	_____ Signature of Principal/Supervisor <i>(Signature denotes acknowledgement only)</i>	_____ Date
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SECTION 3. HUMAN RESOURCES USE ONLY

Authorizing Signature _____ Date: _____ Accumulated Sick Leave Hours: _____

Personal Necessity (PN) Hours Used This Year: _____ Personal Necessity/MPI (PI) Hours Used This Year: _____

APPROVED DISAPPROVED DOCKED HR Comment: _____

SUMMARY OF LEAVE REQUIREMENTS

Certificated non-management employees considering taking a leave of absence should refer to Article 18 of the Collective Bargaining Agreement/Union Contract for a more detailed explanation of eligibility and permissible lengths of leaves. Certificated non-management employees are strongly encouraged to contact the Leave Desk at (916) 686-7795 or by email at leaves@egusd.net for information regarding the best available leave options. Additional information may be found at <http://www.egusd.net/employees/hr-forms/>.

BEREAVEMENT LEAVE (BL) – Three (3) days paid leave of absence for death of any member of his/her immediate family and five (5) days if out-of-state travel is required. Ten (10) days paid leave shall be granted if the loss is a spouse or a child. Absences are not deducted from members sick leave balance. *Required Documents: Request for Leave of Absence form and Proof of death for five (5) days out-of-state only.*

CHILD BONDING LEAVE / BABY BONDING (BB) Qualified unit members may elect to take up to twelve (12) workweeks of partially paid child-bonding leave. *Required Documents: Request for Leave of Absence form and proof of birth, adoption or initiation of foster care of his/her child.*

CHILD REARING LEAVE (CRL) A natural, adopting, or foster parent may be granted unpaid leave not to exceed one (1) calendar year. *Required Documents: Request for Leave of Absence form and proof of birth, adoption or initiation of foster care of his/her child. Request must be submitted to HR eight (8) weeks prior to anticipated start date.*

EXTENDED ILLNESS / EMPLOYEE SERIOUS HEALTH CONDITION (SL) Members can qualify for differential pay while recovering from an accident or illness after all Sick Leave is exhausted. *Required Documents: Request for Leave of Absence form and doctor's certification.*

FMLA – Family Medical Leave Act (FL) Eligible employee is entitled to a total of 12 workweeks during any 12-month period. Leave may be used for employee, child, parent, or spouse. Must be employed for at least 12 months AND in a paid status for at least 1,250 hours. *Required Documents: Request for Leave of Absence form and 1) Certification of Health Care Provider for Employees Serious Health Condition OR 2) Certification of Health Care Provider for Family Member's Serious Health Condition.*

IMMINENCE OF DEATH (ID) A partially paid leave not to exceed fifteen (15) days may be granted with a doctor's certification of a critical or terminal illness of a member of the immediate family. The cost of a substitute will be deducted from the employee's salary warrant. *Required Documents: Request for Leave of Absence form and doctor's certification of critical or terminal illness of immediate family.*

JURY DUTY (JD) A member shall be entitled to as many days of paid leave as necessary for appearance on jury duty. Absences charged to sick leave if proof of service is not submitted. *Required Documents: Jury duty proof of service.*

MILITARY LEAVE (GI) – *Required Documents: Leave of Absence form and military orders.*

OTHER (OL) Unit member may be granted one of the following leaves. Refer to Collective Bargaining Agreement/Union Contract for details and submission deadlines. *Required Documents: Leave of Absence form and supporting documentation specified for each of the following:*
18.15 FOREIGN EDUCATIONAL EMPLOYMENT LEAVE 18.16 SABBATICAL LEAVE 18.17 ASSOCIATION LEAVE

PARENTAL LEAVE (PL) Up to four (4) days paid leave, deducted from sick leave to be taken at the birth, adoption or initiation of foster care for his/her child. *Required Documents: Request for Leave of Absence form and proof of birth, adoption or initiation of foster care of his/her child. Must be submitted to HR four (4) weeks prior to anticipated start date.*

PERSONAL NECESSITY (PN) Maximum of ten (10) days of accrued sick leave allowed per school year which include three (3) days for Matters of Personal Importance. Personal Necessity days may not be taken to vacation, extend holidays, nor to engage in concerted activities. The days are deducted from the employee's sick leave bank and are not in addition to the current contribution of ten (10) days annually. The District may require appropriate written verification and/or documentation that this leave was taken for the purposes described in this article. *Required Documents: Request for Leave of Absence form.*

PREGNANCY DISABILITY / MATERNITY LEAVE (ML) Typically six (6) to eight (8) weeks after delivery. District's practice is to run paid sick leave and comp time concurrently when using pregnancy disability/maternity leave for pregnancy (including childbirth or related medical condition). *Required Documents: Request for Leave of Absence form and doctor's certification to include estimated due date and a stop work date.*

DEFINITION OF IMMEDIATE FAMILY: Immediate family shall mean the biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis, regardless of age or dependency status; a biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner or a person who stood in loco parentis when the employee was a minor child; a spouse; a registered domestic partner; a grandparent; a grandchild, or a sibling; or any relative living in the immediate household of the employee. The definition of immediate family for purposes of sick leave and bereavement leave only shall include a non-registered domestic partner.