



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## FAMILY LEAVE REQUEST FORM

TO: Director, Human Resources

FROM: \_\_\_\_\_

EMPLOYEE ID#: \_\_\_\_\_

DATE: \_\_\_\_\_

Classified  Certificated

I am requesting a family leave of absence from my \_\_\_\_\_ position, at  
*Classification*

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
*Location Beginning Date Ending Date*

### REASON FOR REQUEST: *(If medical evidence is required it must be submitted with this form)*

Birth of my child and newborn care.\*

Placement of my adopted child or foster care.

To care for the serious health condition of my spouse, child or parent.  
***(Medical evidence required)***

My own health condition that prevents me from performing my job duties.  
***(Medical evidence required)***

***\*Open Enrollment Period for Qualifying Event:*** You have only **30 days** after a qualifying event (marriage, birth, adoption, etc.) to enroll your dependent for benefits. Please remember to visit the Benefit Department with the proper documentation. After the birth of a baby, the hospital birth announcement will be accepted until the birth certificate arrives. Within 90 days from the birth of the baby please bring the official birth certificate and social security card to the benefit department to complete the dependent's enrollment.

### SICK LEAVE, VACATION AND/OR COMPENSATORY USE *(NOT A REQUIREMENT FOR FAMILY LEAVE FOR CSEA)*

I elect to use my accrued: \_\_\_\_\_Compensatory Time \_\_\_\_\_Sick \_\_\_\_\_Vacation

I understand being in an unpaid status may affect my retirement pension. \_\_\_\_\_ *(Initials)*

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

### FOR HUMAN RESOURCES ONLY

Employee has been employed for at least 12months period:  YES  NO

Prior Family Leave Requests, if any, have been approved:  YES  NO

APPROVED  DENIED

\_\_\_\_\_  
*Director, Human Resources Department*

\_\_\_\_\_  
*Date*