



# Extended Leave Request Form

for any of the following:

Family Medical Leave, Family Care Leave, Medical Leave, Child Care Leave, Service Member/Veteran Caregiver Leave, Exigency Leave, Military Spouse Leave, Military Leave, Domestic Violence Leave, and State of Emergency Leave

Employee : Please complete (consult HR for assistance)			
Employee:		Work Location:	
Employee Type:	Classified	Certificated	Administrator
AFT	CONFIDENTIAL	PROF-TECH	RESP SEIU
Home Mailing Address:		City	State Zip
Home Phone Number:	Personal email address:	Does your spouse also work at RSD?	

**Please check reason (s) for leave of absence: Additional Certification Documentation will be required to support leave request.**

Own health condition (not work related) Pregnancy disability (prior to birth of child) Pregnancy disability (after birth of child) Applying for Shared Leave (See Shared Leave application) Care for parent/spouse/child w/serious health condition	Leave for Domestic Violence, Sexual Assault or Stalking Military Leave Exigency Leave due to family members call to duty State of Emergency Leave Other: _____
Request Start Date:	Anticipated Return to Work Date:

Intermittent or reduced work schedule (describe):

Do you wish to use paid leave (sick, vacation, etc.) while on approved leave?    Yes    No

The FML Act permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FML/Medical leave due to your own serious health condition or to care for a covered family member with a serious health condition. Failure to provide a complete and sufficient medical certification may result in denial of your FML request.

*In requesting leave, I understand that if my request for leave is incomplete or insufficient, HR will give me 7 days to provide the requested information. I also understand and release appropriate HR professionals (i.e. official HR personnel only – not my supervisor or department management) to contact my Health Care Provider (HCP) to authenticate (confirm signature) or clarify the information provided (understand handwriting or meaning of response). If I refuse to provide this release, I understand that RSD can deny my request for leave.*

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For HR use only:**

Has employee worked for RSD for at least 1250 hours w/in the last 12 months & been employed at last 12 months?	Yes	No	Date medical certification received _____
Is the reason for this request an FMLA-qualifying event?	Yes	No	Date notification sent to employee _____
Is this leave designated as covered by FMLA?	Yes	No	Date notification sent to supervisor _____
Is this leave designated as covered by the Family Care Act?	Yes	No	Staffing Sheet    Notify Sub Office    Board Agenda

NOTES: