



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

FAMILY CARE LEAVE REQUEST

To be completed by employee:

Date: _____

Employee Name: _____

Classification: _____

Eligible employees are entitled under Personnel Commission Rule 150.19 up to 12 weeks of job-protected leave for certain family and medical reasons. Submit this request form to the Director of Classified Personnel Services prior to the start date of your requested leave.

1. Yes As a regular classified employee, do you have 1,250 hours or more of continuous service? (If 'yes', continue to question 2. If 'no', stop here-you are not eligible for Family Care Leave.)
 No
2. Yes Have you received 12 weeks of Family Care Leave in the current fiscal year?
 (If 'no', continue with this form). If 'yes', stop here-you are not eligible for Family Care Leave.)
 No

Reason for requesting leave:

_____ Personal serious health condition

_____ Birth of a child or placement of a child in connection with the adoption or foster care of the child

_____ Serious health condition of a ___ spouse, ___ registered domestic partner (CFRA only), ___ child, or ___ parent of the employee. (Verification* of health condition required)
Child - biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis. The child must be under age 18, or an adult dependent child.
Parent - biological, foster, or adoptive parent, a stepparent, or a legal guardian, or other person who stood in loco parentis to the employee when the employee as a child.

****Please utilize my ___ sick leave and/or ___ vacation leave.**

_____ A serious injury or illness incurred in the line of duty on active duty in the Armed Forces affecting ___ spouse, ___ child, ___ parent, or ___ next of kin of the employee who is a service member of the Armed Forces, including the National Guard and Reserves, for who you are needed to provided care (FMLA only)

**Verification: see attached "Certification of Health Care Provider".*

I request leave from _____ to _____

I request intermittent leave according to the following schedule: _____

I request a reduced schedule leave according to the following schedule: _____

Employee Signature

Date