



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT  
FAMILY CARE LEAVE REQUEST (FMLA)

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 Risk Manager 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, including Industrial Accident Leave/Extended Illness  
1/3 sick**

\_\_\_\_\_ 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)

I request leave from \_\_\_\_\_ Industrial Accident FMLA leave  
Date

\_\_\_\_\_  
Employee Signature Date Received by Risk Manager Date