

Oak Grove School District  
6578 Santa Teresa Blvd.  
San Jose, CA 95119  
(408)227-8300

## CHILD REARING/PARENTAL LEAVE REQUEST

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Position: \_\_\_\_\_

My leave will start \_\_\_\_\_ I plan to return on \_\_\_\_\_

*I request a **Child Rearing Leave** (under AB375/AB2393). I understand that under the Family Leave Act, the District will pay for 12 weeks of insurance benefits to support the employee caring for a new baby if I am eligible and if I am returning to work. After that time period, if I go in to unpaid status and I wish to continue the insurance benefits, I am responsible for the payments. If I discontinue the insurance benefits I will, upon returning from my leave, need to re-enroll for insurance benefits.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Principal or Supervisor

\_\_\_\_\_  
Date

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For District Office Use:

- APPROVED
- NOT APPROVED

\_\_\_\_\_  
Assistant Superintendent, Human Resources or  
Coordinator/Director, Human Resources