PLEASANT VALLEY SCHOOL DISTRICT
CLASSIFIED HUMAN RESOURCES/PERSONNEL COMMISSION

Request for Medical/Other Leave of Absence

Employee Information			
Employee Name : (First and Last Name)			
Job Title:			
Department/School:			
Immediate Supervisor Name:			
Leave Dates:	Start	Expected Return	Is this a request to extend an existing leave? ☐ Yes ☐ No
Employee Contact Information While on Leave:	Address		
	Phone	Email	

Request for Leave

IMPORTANT NOTE! ***Employees must provide 30 days advance notice if leave is forseeable.*** *Requests for leave due to an employee's serious illness/injury/childbirth, or for the care of a family member with a serious illness requires submission of a Certification of Health Care Provider to HR within 15 calendar days of submitting this form. You may also be required to provide documentation in connection with other types of leave. If you do not provide documentation in a timely manner, leave may be denied or discontinued.*

Type of Leave Requested:

☐ Medical leave for employee due to:
- ☐ My own serious health condition
- ☐ Pregnancy and/or childbirth – anticipated/actual delivery date: _____

☐ Care for/bond with:
- ☐ Newborn natural child – date of birth: _____
- ☐ Newly placed adopted / foster child – date of placement in your home: _____

☐ Care for a family member with a serious health condition (must meet definition of family member under FMLA/CFRA)
Name of family member: _____Relationship:_____

☐ Military leave (must attach copy of orders)

☐ Leave without pay

☐ Other: _____

Additional Information	
If leave is requested on an intermittent or reduced leave schedule, please indicate the days of the week and/or hours during the day you will be absent:	
Does your spouse work for PVSD? ☐ Yes ☐ No	If Yes, spouse's name:

Employee Certification

- I understand that I must submit a Doctor's Release for Return to Work form prior to returning to work if the leave is for my own serious health condition. If the form is not received, I understand that my return to work will be delayed until the form is provided.
- I understand that new dependents must be added to my health insurance within 30 days of birth or placement, or I must wait for the next open enrollment period. Contact the Employee Benefits Specialist at (805) 389-2100 ext.1164 for benefit information.
- I understand that I may contact Classified Human Resources at (805) 389-2100 if I have questions regarding leaves of absence.

Employee Signature:	Date:
Principal/Supervisor Signature:	Date:
HR Reviewed By:	Date: