

REQUEST FOR LEAVE

Employee Name: _____ Employee ID #: _____ HRS/Day: _____

Work Site/Department: _____ Position: _____ Phone #: _____

*CERTIFICATED (VUTA) CERTIFICATED MANAGEMENT CLASSIFIED (CSEA) CLASSIFIED MANAGEMENT

*FOR CERTIFICATED, CHECK BOX IF APPLICABLE:

I am in the induction program. I am in a dual enrollment position with COS. I currently receive a prep buyout.

TYPE OF LEAVE REQUESTED

Discretionary Leave (4+ days): Employees may use up to five days per year. Prior approval required to use more than three consecutive days in a row. **Certificated** must have Sick Leave and PN available to use this leave. **Classified** must have Sick Leave available to use this leave.

Military Leave: For military leave, orders must be attached.

Personal Illness: Leave for employee's own illness or injury. Requires medical certification or doctor's note.

Check leave type: Continuous Intermittent

Family Illness : To care for a qualifying family member due to a serious health condition. Requires medical certification.

Check leave type: Continuous Intermittent

Check qualifying family member: Spouse Child Parent

Domestic Partner Sibling Grandparent Grandchild

Designated Person: _____
Name of Designated Person

Relationship to Employee

MEDICAL CERTIFICATION

A Certification of Health Care Provider Form must be completed by the treating Physician. This form is required for Family Illness Leave and can be used for Personal Illness Leave. A doctor's note that includes the dates of leave is acceptable for Personal Illness Leave only.

DATES OF REQUESTED LEAVE: _____ TO _____

REASON FOR REQUEST:

I understand that my accumulated sick leave will be used to keep me in a fully paid status during my leave. If/when my sick leave is exhausted, I understand I will be subject to a payroll adjustment. Per the Employee Compensation Policy, salary advancement for Certificated employees may be impacted if the employee is not in a fully paid status for 75% of the year or more.

Signature: _____ Date: _____

FOR HRD USE ONLY

Approved Denied Eligible for FMLA/CFRA Yes No

Comments:

Approved/Denied By: _____ Date: _____