



# OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 • www.oxnardsd.org

## Unpaid Bereavement Leave for Reproductive Loss

**Instruction to the Employee:** Please complete the entire form before or upon your return to work and submit it to [leaves@oxnardsd.org](mailto:leaves@oxnardsd.org)

### Employee Information

Employee ID/PSL #: \_\_\_\_\_ Certificated \_\_\_\_\_ Classified \_\_\_\_\_ Location: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Qualifying Reason(s) as defined by Senate Bill 848:

#### Assisted Reproduction Date:

Means a method of achieving a pregnancy through artificial insemination or an embryo transfer and includes gamete and embryo donation

#### Stillbirth Date:

Resulting from a person's pregnancy, the pregnancy of a person's current spouse or domestic partner, or another individual, if the person would have been a parent of a child born as a result of the pregnancy that ended in stillbirth.

#### Failed Adoption Date:

The dissolution or breach of an adoption agreement with the birth mother or legal guardian, or an adoption that is not finalized because it is contested by another party. This event applies to a person who would have been a parent of the adoptee if the adoption had been completed.

#### Unsuccessful Assisted Reproduction Date:

An unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure. This event Applies to a person, the person's current spouse or domestic partner, or another individual, if the person would have been a parent of a child born as a result of the pregnancy.

#### Failed Surrogacy Date:

Means the dissolution or breach of a surrogacy agreement, or a failed embryo transfer to the surrogate. This event applies to a person who would have been a parent of a child born as a result of surrogacy.

#### Miscarriage Date:

Means a miscarriage by a person, by the person's current spouse or domestic partner, or by another individual if the person would have been a parent of a child born as a result of the pregnancy.

### Leave Date(s):

\_\_\_\_\_

### \*Pay Status (please check off those that apply):

Unpaid      \*Compensatory Time      \*Sick Leave      \*Personal Necessity      \*Vacation Leave

\*Only if you have available paid leave under the above absence reason(s). It is your responsibility to verify before submitting the form to process.

### Signature

I certify that the reason(s) specified above are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_