

UNIVERSAL LEAVE REQUEST FORM

Employee Information				
Name:	Employee ID:	Division and Department:	Title:	Hire Date:
Mailing Address:		Personal Email Address:	Personal Phone Number:	Work Phone Number:
Reason for Leave				
Family and Medical Leave ☐ Employee's Own Serious Health Condition (Doctor's verification required) ☐ Serious Health Condition of Family Member (Doctor's verification required) ☐ Care of child after birth ☐ Adoption/Foster Care ☐ Care for Injured Cover Service Member		Additional Types of Leave ☐ Medical: Requires doctor's statement. Please attach documents. ☐ Maternity/Paternity: Must provide verification of pregnancy, child's birth date, custody or adoption requirements, or medical statement as appropriate. ☐ California Family Rights Act (CFRA) Bonding Leave ☐ Military Leave (Attach copy of orders) ☐ Bereavement ☐ Catastrophic Leave ☐ Jury Duty (Upon completion, attach hours slip)		
☐ Unpaid Personal		Explanation for unpaid leave:		
Period of Absence				
☐ Full	Last day physically worked:	Leave start date:	Return to work date:	
☐ Intermittent	Intermittent start date:	Intermittent end date:	Anticipated schedule: (list estimated frequency/duration)	
☐ Partial Leave/ Reduced Schedule	Leave/reduction start date:	Leave/reduction end date:	Anticipated schedule: (if known, determined by physician)	
☐ Leave Without Pay (LWOP)	Last day physically worked:	Leave start date:	Return to work date:	
Time Usage (paid and/or unpaid) CHECK ALL THE APPLY				
☐ Full-pay Sick	☐ Half-pay Sick	☐ Personal Necessity	☐ Personal Business	☐ Vacation
☐ Bereavement	☐ Catastrophic Leave	☐ Workers' Comp	☐ Jury Duty	☐ Comp Time
☐ Leave Without Pay				
Required Employee Signature				
My signature below certifies that information relevant to this application for leave is accurate and truthful. I understand any misrepresentation on my part may be cause for denial or rescission of the leave. I understand I will be required to submit a medical certification for a medical leave request. (ONCE SIGNED, ROUTE TO SUPERVISOR FOR APPROVAL SIGNATURE)				
Employee Signature:			Date:	
Required Signatures for Leave				
Supervisor:		Signature:	Date:	
ROUTE TO BENEFITS@SDCOE.NET OR HUMAN RESOURCES, ROOM 404 ATTN: BENEFITS TEAM		Signature:	Date:	☐ Approved ☐ Not Approved
Required Signatures for Leave Without Pay				
Supervisor:		Signature:	Date:	☐ Recommended ☐ Not Recommended
Asst. Superintendent:		Signature:	Date:	☐ Recommended ☐ Not Recommended
HR Asst. Superintendent:	Donald Ogden, Ed.D.	Signature:	Date:	☐ Recommended ☐ Not Recommended
County Superintendent:	Gloria E. Ciriza, Ed.D.	Signature:	Date:	☐ Recommended ☐ Not Recommended
Notes:				