



REQUEST FOR LEAVE

Questions: Contact your Benefits Technician at (559) 931-8120 or benefits@vusd.org

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

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

Will the leave be taken: ☐ Continuous ☐ Intermittent

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

Will the leave be taken: ☐ 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

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.

PAYROLL ADJUSTMENTS

Payroll adjustments including unpaid leave may have an impact on your service credit with CalPERS or CalSTRS. Contact CalPERS (888) 225-7377 or CalSTRS (800) 228-5453 for additional information.

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

DATES OF REQUESTED LEAVE: _____ TO _____

REASON FOR REQUEST:

I understand that sick leave will be used to keep me in a fully paid status during my leave. When my sick leave is exhausted, I understand I will be subject to a payroll adjustment and this adjustment may impact my service credit for retirement. If I leave employment prior to the end of the my contracted work year or work calendar, my sick leave accrual will be adjusted and I will reimburse the district for any unearned sick leave used. Salary advancement for Management and Certificated employees may be impacted if the employee is not in a fully paid status for 75% of the year or more. (AR 4151)

Signature: _____

Date: _____

FOR HRD USE ONLY

☐ Approved ☐ Denied

Eligible for FMLA/CFRA ☐ Yes ☐ No

Comments: _____

Approved/Denied By: _____ Date: _____

Return Form to: Human Resources/Employee Benefits
5000 W Cypress Ave, Visalia CA 93277