

- Certificated
- Classified

Desert Sands Unified School District

**EMPLOYEE REQUEST FORM**

**FAMILY AND MEDICAL LEAVE ACT (FMLA) / CALIFORNIA FAMILY RIGHTS ACT (CFRA)**

Use this form to request FMLA and/or CFRA leave or to request an absence to be designated as FMLA/CFRA qualifying. For planned or scheduled absences, this form, together with required documentation, must be received by Personnel Services at least 30 days in advance of the leave. In all other circumstances, this form must be submitted to Personnel Services along with required documentation as soon as practicable. All requests for leave are subject to employee eligibility, verification and District review. Failure to comply with the requirements set forth herein and in the DSUSD *FMLA/CFRA Brochure* may result in the denial of your request.

NAME: \_\_\_\_\_ WORK SITE: \_\_\_\_\_

DATE(S) OF ABSENCE: FROM \_\_\_\_\_ TO \_\_\_\_\_

NUMBER OF FULL WORK DAYS ABSENT: \_\_\_\_\_ **(MAXIMUM 12 WORK WEEKS)**

- INTERMITTENT ABSENCES (Indicate Work Days): \_\_\_\_\_
- REDUCED-WORK-SCHEDULE BASIS ABSENCES (Indicate Work Schedule/Days): \_\_\_\_\_

**FMLA / CFRA**

**✓ Check appropriate box(es) and provide documentation, i.e., medical certification from a District-approved health care provider, adoption agency confirmation, etc. Your request will not be approved without appropriate documentation. The District reserves the right to seek a second medical opinion.**

- Birth of a child, and care of the newborn child. Date of Birth of Child: \_\_\_\_\_  
(\*Please submit a copy of the Employee Leave Request or Report of Absence form (25)-79 for pregnancy disability related leave requests.)
- Placement of a child with you for adoption or foster care. Date of Adoption/Foster Care Placement: \_\_\_\_\_
- Serious health condition that makes you unable to perform the essential functions of your job.
- Serious health condition affecting my spouse, child, parent, or other family member specified in the applicable collective bargaining agreement, for whom you are needed to provide care. Indicate Relationship: \_\_\_\_\_

**ADDITIONAL REQUEST**

**DSUSD Administrative Regulation 4161.8, requires an employee requesting unpaid leave to use accumulated paid leave. NOTE: When appropriate, leave available under FMLA/CFRA shall run concurrently with earned sick, personal necessity, and/or vacation leave.**

- Requesting to Use Accumulated Paid Leave (✓ Check appropriate box(es) below)
  - Earned Sick  Personal Necessity (PN) and/or  Vacation
- Requesting an Unpaid Leave of Absence (NOTE: District to maintain Health Benefits coverage during leave.)

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

**BELOW SECTION TO BE COMPLETED BY PERSONNEL SERVICES**

**Eligibility Verification Completed by Personnel Services staff:** \_\_\_\_\_

- Full-time or part-time employee worked at least 12 months (52) weeks of service prior to the first date leave commenced.
- Employee has worked at least 1,250 hours in the 12-month period before date the leave begins.
- Illness or injury qualifies as a serious medical condition verified.
- Written documentation from health-care provider provided. Date Received: \_\_\_\_\_
- Written documentation from health-care provider required. Date Employee Notified: \_\_\_\_\_
- Verification of Sick Leave/ PN Balance: \_\_\_\_\_ # of Days Date Verified: \_\_\_\_\_
- Verification of Vacation Leave Balance \_\_\_\_\_ # of Days Date Verified: \_\_\_\_\_
- Employee provided with copy of *DSUSD FMLA/CFRA Brochure*
- Approved (Personnel Services)**
- Denied (explanation letter provided)** \_\_\_\_\_
- Personnel Action Form completed** \_\_\_\_\_

Signature (Personnel Services Administrator)

Date