



INSTRUCTIONS: Please complete request and submit to supervisor and appropriate administrator. For information on leaves, please contact the Department of Human Resources: (707)654-1146.

SECTION A: TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT OR TYPE)

Form section A containing fields for Date of Request, Department, Classification, Employee ID, Name, Phone Number, Address, Leave of Absence Request (Full, Intermittent, Partial), Work Schedule, Leave Begin/End Dates, Last Day Physically Worked, and Expected Return to Work Date.

REASON FOR LEAVE REQUEST

Medical certification/supporting documentation for leave must be submitted directly to the Department of Human Resources.

FAMILY MEDICAL LEAVE OF ABSENCE – FML

- Checkboxes for Serious Medical Condition of Employee, Serious Medical Condition of Family Member (with relationship field), Employee's Pregnancy, Adoption, Placement of Foster Child with Employee, and Parental.

OTHER LEAVES

- Checkboxes for Military Leave, Education Leave, and Personal Leave (Please Explain).

Text box for explanation of Personal Leave.

Check Yes or No for Non-Industrial Disability (NDI) – See NDI Section on the back of this form

- Yes/No checkboxes for NDI.

I certify that all the facts are true and correct to the best of my knowledge. If my request for a leave of absence is approved, I understand that I must abide by all the terms and conditions of my leave of absence. If I am unable to return to work on the specified date, I am to notify the Department of Human Resources of the change. Failure to notify the Department of Human Resources may result in my being absent without authorization.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

SECTION B: TO BE COMPLETED BY AUTHORIZED ADMINISTRATOR

Form section B containing fields for Department Administrator Name, Signature, Date, Reason for Denial and Recommendation, and Approved checkboxes.

Submit Leave of Absence Request for to the Department of Human Resources

SECTION C: TO BE COMPLETED BY THE DEPARTMENT OF HUMAN RESOURCES

Form section C containing fields for Authorized HR Representative, Signature, Date, and Approved checkboxes.

