

**LANCASTER SCHOOL DISTRICT - ALL STAFF
REQUEST FOR FMLA, PDL, CFRA OR MEDICAL LEAVE**

Request for Family Medical Leave, Pregnancy Disability Leave, California Family Rights and Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin.

PRINT NAME _____ DATE: _____

HOME ADDRESS: _____ PHONE: _____

DEPARTMENT/SCHOOL: _____ TITLE _____ Hire Date: ____/____/____

I request leave for one or more of the following reasons (A physician's certification must be provided for leave*):**

***Your own serious health condition.** Leave to start ____/____/____ To: ____/____/____
Expected return date ____/____/____

***Because I have a pregnancy related disability.**
Leave to start ____/____/____ To: ____/____/____ Expected return date ____/____/____

The birth of a child, or placement of a child with you for adoption or foster care, or to bond with the newborn or newly-placed child. Please provide certificate from hospital.
Actual date of birth ____/____/____ Leave to start ____/____/____ To ____/____/____
Expected return date ____/____/____

***Serious health condition of your spouse, child or parent. [CFRA changes – see next page](#)**
Leave to start ____/____/____ To: ____/____/____ Expected return date ____/____/____

____*A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty or has been notified of an impending call or order to cover active duty with the Armed Forces. OR
____*A serious injury or illness of a covered service-member where you are the service-member's spouse, child, parent, or next of kin (Military Caregiver Leave)
Leave to start ____/____/____ To: ____/____/____ Expected return date ____/____/____

Have you taken a FMLA, PDL, CFRA or Medical leave in the past 12 months? Yes No

Certificated employees must indicate their choice of either a calendar year or a rolling period at the time leave is requested. **(Please check one below)**

Calendar Year (Jan-Dec) Rolling Period (per TAL contract-measured backward from the date leave is taken & continuing with each additional leave day taken)

Information regarding FMLA and CFRA:

FMLA and/or CFRA allows 12 workweeks of UNPAID job protected leave.

FMLA: allows you leave to care for an injured or ill service member who is a child, parent, spouse or other next of kin; FMLA considers pregnancy as a serious health condition; allows leave if a family member is, or is called to, active duty military under certain conditions; DOES NOT consider registered domestic partners as equal to spouses.

CFRA: allows eligible employees to take a leave to care for grandparents, grandchildren, siblings, and designated person with a serious health conditions. Permits eligible employees to take leave to care for a child with a serious health condition regardless of the child’s age or dependency status. Require employers to grant 12 workweeks of child-bonding leave to both eligible parents’ even if both are employed by the same employer, regardless of marital status. Match the FMLA by allowing leave for qualifying exigencies related to a family member’s call to active duty and deployment.

An employee must meet four criteria to be eligible for FMLA and/or CFRA:

- The employee has been employed by the employer for at least 12 months
- The employee has actually worked 1,250 hours in the 12 months prior to the leave
- **FMLA:** The employee is employed at a worksite where 50 or more employees are employed by the same employer within 75 miles of that worksite. **CFRA:** apply to eligible public employees regardless of the size of the agency.
- The employee has not taken 12 workweeks of FMLA and/or CFRA leave during the appropriate 12-month period prior to the present request.

I understand and agree to the following provisions (if applicable):

- The leave requested herein will be counted against my appropriate annual leave entitlement.
- I understand that FMLA/CFRA may run concurrently with paid leaves.
- Holidays are included in the twelve (12) workweeks of FMLA/CFRA when leave is continuous. For example, if the employee is on family leave and a week includes one or more holidays, that week counts as one of 12.
- FMLA leave will be unpaid. CFRA may be unpaid.
- CFRA/baby bonding (birth or placement of a child) will receive 50% of his /his regular salary for the remaining portion of the 12-workweek period.
- During the period of leave, the employee shall continue to be entitled to participate in the District’s health plan. After allowed leave, he/she may be required to pay the health care premium for the remainder of the leave.
- The employee shall retain his/her employee status with the district during the leave period, and the leave shall not constitute a break in service for purposes of longevity or seniority under any employee benefit plan or collective bargaining agreement.
- Upon granting an employee’s request for leave, the employee has reinstatement rights upon return.
- I understand that my time off may affect my service credit with STRS/PERS. I will contact STRS/PERS for verification and/or information.

Employee Signature

Date

Assistant Superintendent/Director, Human Resources
Signature

Date

HRS USE ONLY

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type of Leave (circle):	PDL	FMLA	PL	CFRA	Medical	Amt. of time Approved: _____
Copy sent to Payroll: _____	Risk Management: _____			Cardex updated: _____		

Additional information may be obtained from District Leave Policy.
 FMLA=Family Medical Leave Act, 29 U.S.C. 2601, et seq.
 PDL= Pregnancy Disability Leave Law, Cal. Gov’t Code 12945 (b)(2)
 CFRA=California Family Rights Act, Cal. Gov’t Code 12945.2