

Atascadero Unified School District

REQUEST FOR FMLA/CFRA LEAVE

Employee Name: _____

Date of Request: _____

Work Site: _____

Hire Date: _____

Position Title: _____

Phone #: _____

Email: _____

I request a FMLA/CFRA Leave for the following reason (check one):

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A. The birth of a child and/or in order to care for such child.

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B. The placement of a child for adoption or foster care.

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C. In order to care for self or an immediate family member because such family member has a serious health condition.

Please circle one: SELF CHILD SPOUSE PARENT

(Must submit "Physician Certification" within 15 days)

☐

D. Qualifying Exigency Military Leave: "Covered active duty or call to covered active duty" of an employee's spouse, child, or parent in the US Armed Forces.

Method of leave requested (check one):

☐

A. Consecutive Leave

☐

B. Intermittent (Specify schedule below)

I would like to use all available (Classified Employees only):

☐

A. Vacation Leave

Date leave is to begin: _____ Expected return date: _____

If the duration of my FMLA/CFRA leave does not exceed 12 weeks, I will be returned to my same or equivalent position. I understand that if my leave should exceed 12 weeks, I will be returned to my same or equivalent position, only if available. If my same or equivalent position is not available, I understand that I may be terminated or placed on the 39th month rehire list.

Date

Employee Signature

Date

Assistant Superintendent of Human Resources