

REQUEST FORM

Instructions: Employee should complete Section I and submit to their supervisor. The supervisor will review the request with HR. If approved, the employee will be responsible for submitting supporting documentation and/or clarifying benefit impact with HR. If not approved (or there are questions as to leave eligibility), HR will provide the reason for denying the request as noted on the form. Questions regarding leave eligibility and/or duration should be directed to Human Resources.

SECTION I – Employee Request		
Employee's Name:	Department or House:	Date:
Leave of Absence Start Date (Anticipated or Requested):	Leave of Absence End Date:	Requesting <input type="checkbox"/> continuous <input type="checkbox"/> intermittent leave*
<i>Purpose of Leave:</i>		
*If intermittent, please explain:		
During my leave, I can be reached at:		
Phone(s):	Email:	
Supervisor Signature:		Date:
SECTION II – Response Section (Submit to HR)		
<input type="checkbox"/> Approved (check below)	<input type="checkbox"/> Declined because:	
Designated as Type of Leave of Absence Category:		
<input type="checkbox"/> My disability due to pregnancy or pregnancy-related conditions (If eligible, runs concurrently with Family Medical Leave) <input type="checkbox"/> For and following the birth of my child or the placement of a child with me for adoption or foster care (“bonding” leave). <input type="checkbox"/> Family and Medical Leave (FMLA & CFRA) - eligibility begins after 12 months or 1,250 hrs. in past 12 months for: <ul style="list-style-type: none"> <input type="checkbox"/> A serious health condition (other than pregnancy or pregnancy-related conditions) that makes me unable to work or perform one or more of the essential functions of my job. <input type="checkbox"/> A serious health condition affecting my <input type="checkbox"/> spouse <input type="checkbox"/> registered domestic partner <input type="checkbox"/> child <input type="checkbox"/> child of a registered domestic partner <input type="checkbox"/> parent. OR <input type="checkbox"/> A serious injury or illness incurred in the line of duty on active duty in the Armed Forces affecting my <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> next of kin who is a servicemember in the Armed Forces OR <input type="checkbox"/> A qualifying exigency resulting from my <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent’s active duty or call to active duty in the Armed Forces to support a contingency operation. Specify exigency: <input type="checkbox"/> Personal leave <input type="checkbox"/> Other:		
HR Signature:		Date:
Telephone/Contact Information: HR (760) 630-4035, extension 225		
EFFECT on BENEFITS:		
<ul style="list-style-type: none"> Vacation accrual and Sick accrual will be suspended during your leave. Holidays are unpaid during a leave. Health benefits may continue for some time depending on the leave type (additional information on each leave is available in your handbook and/or in HR). You continue to pay the portion of the premium that you would normally pay on or before the pay period. If you are not eligible to continue coverage, COBRA will be offered as continuation during your leave. You may elect any of the following : <ul style="list-style-type: none"> <input type="checkbox"/> prepay premiums <input type="checkbox"/> pay by check on or before each pay period <input type="checkbox"/> Deduct from eligible Time Off, if available Other elected benefits – may also continue with appropriate authorization from you to continue coverage with payment as defined herein: <input type="checkbox"/> Prepay premiums <input type="checkbox"/> Pay by check on or before each pay period <input type="checkbox"/> Deduct from Vacation/Sick as eligible/ available 403B contributions and/or will be suspended on leave unless you have provided authorization to debit from available time off. Flexible Spending Accounts – Possible continuance in some circumstances, see HR for details. If you do not, expenses incurred during the unpaid leave are not eligible for reimbursement. 		
SECTION III – Employee Signature		
<p><i>I understand that I will be required to provide a completed medical certification form within 15 days of submitting this request if the leave is for my own serious medical condition, to care for a qualified family member with a serious health condition, or to care for a family member who is a service member with a serious injury or illness incurred in the line of duty on active duty in the Armed Forces or a completed certification form that covers any family member who has been called to active duty in support of a contingency operation if said leave is for a qualifying exigency.</i></p> <p><i>If I am unable to return to work when my leave ends, I must notify my supervisor or HR for a further evaluation of my leave status. Failure to return from a Leave, and failure to contact my supervisor and/or HR, will be considered a voluntary resignation. If I accept outside employment while on leave of absence without prior written approval from my Department Director and/or HR, or if I falsify the purpose of the leave of absence, it will be cause for termination.</i></p>		
Employee Signature:		Date:

Distribution: Employee . Supervisor, HR.