

**Rocklin Unified School District
LEAVE OF ABSENCE REQUEST FORM**

EMPLOYEE SECTION:

Employee Name: _____ Phone: _____

Department: _____ Payroll Title: _____

- Leave of Absence Extension of Leave of Absence Intermittent Leave/Reduced Work Schedule

Reason for Request:

- Industrial Injury or Illness (Workers' Compensation)
- Employee Own Serious Health Condition
- Close Family Member with Serious Health Condition
- Pregnancy- Related Disability
- Child bonding for Newborn (CFRA – mother following PDL)
- Child bonding for Newborn (CFRA-FMLA -- father or second parent)
- Child bonding for Adopted or Foster Care Child (FMLA-CFRA – all parents)
- Child bonding leave applying Ed. Code but no FMLA-CFRA
- Military Caregiver Leave Military Exigency Leave
- Injured Military Veteran
- Military Service

Requested Start Date: _____ Anticipated Return Date: _____

Intermittent Leave Requested: _____ Yes _____ No

(The nature of Leaves can be uncertain. The above dates are an estimate and may be changed as circumstances dictate.)

Paid leave, including current or accumulated sick leave, extended sick leave, or vacation time shall be substituted in accordance with the policies or contracts. Employees receiving partial wage replacement may authorize the district to apply paid leave accruals to coordinate with partial wage replacement **I wish to use the following paid leave:**

- Current Sick Leave Accumulated Sick Leave ESL sub differential
- Accrued Vacation Personal Necessity Industrial Injury/Illness (accepted WC claim only)
- Kin Care for family member (spouse, partner, child, parent, parent-in-law grandparent, grandchild, sibling)

I am receiving partial wage replacement (Disability Insurance or SDI) and agree the District may apply paid leave accruals up to 100% of my daily wages.

I am receiving partial wage replacement (Disability Insurance or SDI) and do not wish to apply paid leave accruals during this leave. (Check with your Disability Insurance Company to see if they allow for this)

Employee Signature: _____ Date: _____