

SWEETWATER UNION HIGH SCHOOL DISTRICT
Human Resources Department

REQUEST FOR LEAVE OF ABSENCE
Page 1 of 2

Name: _____ Soc. Sec. No.: _____

Site/Department: _____ Certificated Classified

Leave Start Date: _____ End date: _____

Please review instructions and explanations of types of leaves on page two of this form

Type of leave (check one): Child Care (unpaid) FMLA Child Bearing Health (paid)
 Military Other (non medical) Health (not paid)

Employee's signature: _____ Date: _____

Phone number/email you can be reached at : _____

Reason: Must provide written statement. Attach supporting documents and send completed form to Benefits

Administrative Signature: _____

FORWARD TO BENEFITS OFFICE

Office Use Only

Benefits Review for FMLA entitlement: _____

Human Resources Approval: _____ Compensated Non-Compensated

APPROVED Start Date: _____ **End date:** _____

Type of absence (check one): Child Care FMLA Child Bearing Health (paid)
 Military Other (non medical) Health (not paid)

Comments _____

Type of extended leaves: (Please refer to collective bargaining agreements for full definition and timelines.)

Unpaid Child Care
Family Medical Leave Act (FMLA)
Child Bearing
Paid Health (6 or more consecutive days)
Unpaid Health
Unpaid Personal (exceeds 7 consecutive days)
Military Service

Definitions

Unpaid Child Care

To care and nurture child/children

Family Medical Leave Act (FMLA) – 12 weeks paid/unpaid in a fiscal year for the following:

- Employee’s personal illness – runs concurrently with paid sick leaves; requires medical verification
- Spouse or domestic partner, child, or parent’s illness – up to 12 weeks unpaid in a fiscal year. Requires Dept of Labor FMLA medical verification from spouse/child/parent’s doctor.
- Child bonding – up to 12 weeks unpaid leave for child bonding during the first year following birth or adoption. Health benefits continue during this period.

Child Bearing Leave – Sick leave associated with disability from pregnancy. Typically 6 -8 weeks recovery following birth. Requires written physician verification. FMLA is not counted concurrently with 6-8 weeks.

Paid Health Leave (Paid from sick leave) – Medical disability for 6 or more consecutive days requires written physician verification. (A written medical “release” is required following hospital stays, surgery, or extended absences prior to resuming work.)

Unpaid Health Leave – Requires written physician statement and is applied after sick leaves have been exhausted. (A written medical “release” is required following hospital stays, surgery, or extended absences prior to resuming work.)

Other – please refer to the contract– Must provide written explanation of request for leave.

It is the responsibility of the employee to provide official medical updates as necessary to the Benefits Department.

Extended leaves require written notification of intent to return to work.