



Leave of Absence Request Form

Stanislaus County CEO-Operations and Benefits
1010 10th Street, Suite 1400, Modesto, CA 95354
Phone: 209-525-5715 Fax: 209-525-5779

Department: _____

Employee ID#: _____

Division: _____

Employee normal work schedule: _____

Employee Name: _____

Manager Name: _____

Home Phone or Cell: _____

Manager Phone: _____

Job Classification: _____

Date leave period to begin: _____

Date anticipated to return to work: _____

Check all that apply

- Illness – Self
- Illness- Family Member/Designated Person
- Relationship: _____
- Name _____ Minor Adult
- Birth of employee's child - Due: _____
- PDL – Pregnancy Disability Leave
- Adoption or Foster Child Placement(vacation)
(placement paperwork required)
- Military-exigency(vacation)(FMLA only)
- Military-care for wounded service member(FMLA)
- Military Service-Member/Vet Serious Illness(FMLA)
- Bonding(vacation)

*Additional specific forms/applications required

- Need for Intermittent or Irregular Leave
- Need for regular Reduced Schedule Leave
- Waive SDI *
- SDI – State Disability (Apply through EDD) *
- Paid Family Leave (Apply through EDD) *
- MDL – Management Disability Leave *
- OJI – On the Job Injury or Illness *
- Organ/Bone Marrow Donor
For Department Tracking Only
- Military Service (Non Medical)
- Other - Personal, Education unpaid, etc. (attach supporting documents) (vacation)
- Other (use for child care emergency, school activity leave, domestic violence leave, etc.)

Employee Responsibilities:

- **Review, Confirm, and Update (if needed) your contact information in PeopleSoft prior to your leave.**
- Provide appropriate certification to your supervisor **and** department HR for the entire period for which you are requesting a leave of absence. Failure to notify and obtain approval from your department for a leave of absence could result in disciplinary action up to and including termination.
- Pay share of cost insurance premiums if not deducted from your paycheck **-OR-** Pay entire insurance premium if, on an approved **and** unpaid leave where protected time has been exhausted. Failure to pay premiums on time may result in cancellation of your benefits. Contact CEO-Operations and Benefits at 209-525-5717 for detailed payment information.
- New child – provide a copy of **certified birth certificate** or proof of placement **within 60 calendar days of birth or placement** to add a child to your health benefits. **Failure to do so will require you to wait until the next open enrollment period to add your child to your benefits.**

FMLA/CFRA/PDL extensions must be reviewed, processed and, approved by CEO-Leaves. Appropriate medical certification is required. **Failure to submit completed certification within 15 days could result in leave authorization being delayed or provisional designation withdrawn.**

- Medical certification attached (if medical leave) Military orders attached (if applicable)
- Medical certification is on file for existing condition– this is to apply for new FMLA/CFRA year

NOTE: Employees who fail to return from an unpaid Family Medical Leave and who do not work a minimum of 30 days may be subject to reimbursing the County for paid insurance premiums.

Employee Signature: _____ Date: _____

Department HR Manager Signature: _____ Date: _____

Employee Name: _____ **Employee ID#:** _____

Leave period to begin: _____ **Date anticipated to return to work:** _____

Employee Instructions for Leave of Absence Request Form:

- Leaves should be requested 30 days in advance, if 30-day notice is impracticable, notice must be given as soon as practicable with an explanation why 30-day notice was impracticable. Failure to provide proper notice could result in leave being delayed or denied;
- Leave may be taken on an intermittent basis if medically necessary. For bonding purposes leave must be taken in at least two-week increments, however, on two occasions bonding may be requested in less than a two-week increment.

Medical certification is required, and must contain the following at a minimum:

- Date the serious health condition commenced;
- Probable duration of condition or need for treatment, stated as a beginning date and an end date;
- Certification from a health care provider to support a "Serious Health Condition" (see policy and certification forms for additional information);
- Any physical restrictions or limitations, and time period, which need to be accommodated upon return to work;
- If leave does not qualify for FMLA/CFRA or extends beyond an approved FMLA/CFRA, a prognosis indicating an expected return to work date with or without accommodations.

Failure to provide a satisfactory medical certification may result in the denial of leave request.

- Medical certification (health care provider's note) for leave to care for an eligible family member must be from the family member's health care provider. A statement of the type of care to be provided to the patient from the employee shall be given to the health care provider;
- Leave for bonding must be completed within 12 months of birth or within 12 months of placement for foster care or adoption. Bonding leave qualifies for use of vacation or unpaid leave if vacation accruals are unavailable;
- Education leave and Personal leave requests should include supporting documentation;
- Care of a wounded or ill service member requires certification that identifies the employee's qualifying family relationship to the service member, leave is applied on a per-covered-service member, per injury, must be used in one 12-month period, and is not to exceed 26 weeks with any combination of eligible FMLA leave during that 12-month period;
- Military exigency leave certification must identify the employee's qualifying family relationship to the service member, if leave is related to an impending call-up, existing orders, military person on active duty and include any relevant dates related to that duty;
- Military leave requests should include supporting documents;
- Other leave requests may include leave for Domestic Violence, or other State or Federal mandated leave - supporting documentation is required;
- Unpaid leave of absence may impact your retirement years of service. Only County paid time counts toward years of service for Retirement purposes. You may have the ability to buy back any unpaid time by contacting StanCera and requesting a quote. Only time coded as SDI, WCI and ATO for bona-fied illness may be bought back. ATO time used for reasons other than illness may not be bought back. Any DOC time may not be bought back.

Manager/Supervisor Approval: _____ **Date:** _____

Department Head Approval or Designee: _____ **Date:** _____

Leave Approved through: _____

Leave Expressly Designated: Yes ____ No ____ **Designation Sent on Date:** _____