



# Leave of Absence Request Form

Stanislaus County CEO-Risk Management Division  
1010 10<sup>th</sup> Street, Suite 5900, Modesto, CA 95354  
Phone: 209-525-5710 Fax: 209-525-5779

Department: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Division: \_\_\_\_\_ Employee normal work schedule: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
 Job Classification: \_\_\_\_\_ Other: \_\_\_\_\_  
 Home Phone or Cell: \_\_\_\_\_ Manager Name: \_\_\_\_\_  
 Manager Phone: \_\_\_\_\_  
 Leave Period to begin: \_\_\_\_\_ Date anticipated to return to work: \_\_\_\_\_

(New medical certification is required every 90 days exceptions exist for Pregnancy related disability; Intermittent, Irregular leaves, etc. see policy for details)

**Check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> FMLA/CFRA Family and/or Medical Leave                  | <input type="checkbox"/> Need for Intermittent or Irregular Leave   |
| <input type="checkbox"/> Illness – Self   | <input type="checkbox"/> Waive SDI *  |
| <input type="checkbox"/> Illness- Immediate Family Member                       | <input type="checkbox"/> SDI – State Disability (Apply through EDD) *   |
| Relationship: _____   | <input type="checkbox"/> Paid Family Leave – (Apply through EDD) *  |
| <input type="checkbox"/> Birth of employee’s child – Expected due date _____    | <input type="checkbox"/> MDL – Management Disability Leave *  |
| <input type="checkbox"/> PDL – Pregnancy Disability Leave                       | <input type="checkbox"/> OJI – On the Job Injury or Illness *   |
| <input type="checkbox"/> Adoption or Foster Child Placement ( <i>vacation</i> ) | <input type="checkbox"/> Other - Personal, Education unpaid, etc. (attach supporting documents) ( <i>vacation</i> ) |
| (placement paperwork required)  |   |
| <input type="checkbox"/> Military – exigency ( <i>vacation</i> )                | <input type="checkbox"/> Military   |
| <input type="checkbox"/> Military - care for wounded service member             | <input type="checkbox"/> Organ donor  |
| <input type="checkbox"/> Bonding ( <i>vacation</i> )                            | <input type="checkbox"/> Bone marrow donor  |

**Employee Responsibilities:**

- 1) Provide **appropriate certification** for the entire period of time you are off on a leave of absence. Certification must be **provided to your supervisor and department HR staff**. Failure to obtain approval from your department for leave of absence or continued leave of absence could result in disciplinary action up to and including termination.
- 2) Pay insurance premiums in excess of County sponsored portion of insurance premiums if on an unpaid approved FMLA leave of absence.
- 3) Pay entire insurance premium amount if on unpaid leave and any approved FMLA has been exhausted. Failure to pay premiums on time may result in cancellation of benefits. Contact the Employee Benefits Unit @ 525-5717 in the CEO-Risk Management Division for detailed payment information.
- 4) New child – must add to health benefits within 30 days of birth or placement for health benefits to be effective or wait until next open enrollment to add.

**F&MLA extensions must be approved by your department and have appropriate certification. FMLA eligibility is determined by CEO-Risk Management Division.**

- Medical certification attached (if medical leave)**       **Military orders attached (if applicable)**

**NOTE:** Employees who fail to return from Family Medical Leave and work a minimum of 30 days may be subject to reimbursing the County for paid insurance premiums, if leave was unpaid by the County.

**\*Additional specific forms/applications required**

Call the CEO-Risk Management Division’s Disability Unit if you have questions @ 525-5710  
See Page 2 for Employee Instructions for Leave of Absence Request Form for additional criteria.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HR Processing: Department Reviewed**

- Meets medical certification criteria       Requests CEO-Risk Management Division review

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:**

- Planned leaves should be requested 30 days in advance and require Department Head approval. Failure to do so could result in leave being delayed or denied. If 30 day notice is not possible, notice must be given as soon as practicable with an explanation as to why the 30 day notice was not possible.
- Leave may be taken on an intermittent basis if medically necessary or for bonding purposes in increments of 2 weeks and smaller duration may be requested twice.
- **Medical certification is required**, and must contain the following at a minimum;
  - the date the serious health condition commenced;
  - the probable duration of the condition;
  - the appropriate medical facts within the knowledge of the health care provider to support a “Serious Health Condition” (see policy and Certification forms for additional information)
  - any physical restrictions, accommodations that would allow you to return to work;
  - a prognosis that indicates an expected return to work date with or without accommodations (if leave does not qualify for FMLA/CFRA or extends beyond an approved FMLA/CFRA)

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

- When leave request is to provide care for a family member the medical certification (doctor's note) must be from the family member's doctor and must state the type of medical care necessary to be provided to the patient. Employee must also specifically state what type of care they will be providing to their covered family member.
- Leave requested for bonding with employee's child must be completed within 12 months of birth, or placement of child with employee for foster care or adoption. Leave for bonding would qualify for the use of vacation or unpaid leave if vacation accruals are unavailable.
- Education leave requests should include supporting documents.
- Personal leave requests should include supporting documents.
- Care of a wounded or ill service member requires certification that identifies the employee's qualifying family relationship to the service member, leave is to be applied on a per-covered-service member, per injury and 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, whether the leave is related to an impending call-up, existing orders or while the military person is on active duty, any relevant dates related to that duty and a statement as to what the qualifying exigency exists.
- Military leave requests should include supporting documents.
- Other leave requests could include leave for Domestic Violence, or other State or Federal mandated leave - supporting documentation is required.
- Unpaid leave of absence may impact Retirement date 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 Retirement and requesting a quote. Only time coded as SDI, WCI and ATO may be bought back. Any DOC time cannot be bought back. Only unpaid time for a bona-fied illness may be bought back. ATO time used for reasons other than illness may not be bought back.

Manager/Supervisor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head Approval or Designee: \_\_\_\_\_

Date: \_\_\_\_\_

Leave Approved through \_\_\_\_\_