



Certificated Leave of Absence Request Form

Employee Name: _____ School Site: _____

Personal Email: _____ Personal Phone Number: _____

PART A: DURATION OF REQUESTED LEAVE

Leave Commencement Date: _____ Anticipated Return Date: _____
(Date your leave will start) (Date you will return to work)

Is this an extension of a previous leave? YES NO

Desired leave time: Full Time Part Time *(FTE you want to work):* _____

PART B: REASON FOR LEAVE (CHECK ALL THAT APPLY)

- Own Serious Health Condition (including Pregnancy Disability)** (Sick leave- CBA 10.1.1) **Doctor's Note Required*
 - Continuous Intermittent
 - If pregnancy, estimated due date: _____
- Care for a Qualifying Family Member with a Serious Health Condition** (Sick leave- CBA 10.2) **Doctor's Note Required*
 - Continuous Intermittent
 - If this request is to care for a designated person, please identify the relationship: _____
 - Is the qualifying family member currently serving in the military or a Veteran? YES NO
- Leave to bond with new child / Adoption / Foster Care Placement** (Differential pay- Ed Code 44977.5)
 - Date of Birth / Adoption or Foster Placement: _____
- Child Care Leave** (Unpaid- CBA 10.12)
- Personal Leave** (Unpaid- CBA 10.18)
 - Reason: _____
- Professional Leave** (Unpaid- CBA 10.10)
- Educational Leave** (Unpaid- CBA 10.17)
- Substitute Pay Leave** (Employee will pay for sub- CBA 10.8)
- Industrial Leave for an approved worker's compensation claim** (FMLA/CFRA will run concurrently whenever possible- CBA 10.1.1)
- Leave for Military Duties** (CBA 10.14)
- CalSTRS Reduced Workload Program** (CBA 6.4—Subject to CalSTRS approval)

This serves as my written request to take a leave of absence from my employment with Chico Unified School District and I certify that such absence is requested for the purpose(s) indicated above. I understand I must comply with Chico Unified School District's procedures for requesting leave and will provide all documentation needed to evaluate this leave request. Written release is required from the treating physician to return from medical leave. I understand that if I wish to extend a long term leave of absence, I must notify the District by December 1st for the current school year and March 1st for the following school year. Failure to do so may result in the denial of leave requests.

Employee Signature: _____ Request Date: _____

Supervisor Signature: _____ Date: _____ *(Not required for medical leave request)*

District Approval: Approved Denied Asst. Superintendent Signature: _____ Date: _____

What is FMLA and what does it cover?

FMLA guarantees employees unpaid time off for family or medical reasons. However, as a District employee you will remain paid through any available sick leave. Once exhausted, you will receive differential pay for up to 100 days.

FMLA provides 12 weeks of employment protected leave for:

- Birth of a child or placement of a child for adoption or foster care within one year of birth/placement
- For the employee's own serious health condition or to care for a family member (spouse, child, or parent) with a serious health condition
- Care for a family member of the armed services who is undergoing medical treatment, recuperation, or therapy
- Care for a family member of the armed services, reservist, and national guard on active duty or who is called to active duty for short-notice deployment, military events, childcare and school activities

Who is eligible for FMLA?

Employees who have worked for the District for at least 12 months, and who have worked at least 1,250 hours during the last 12-month period.

What is CFRA and what does it cover?

CFRA also provides unpaid time off for the same reasons listed under FMLA. Additionally, CFRA considers family members to include a domestic partner, grandchild, grandparent, sibling, in-laws, and a designated person (an individual related to the employee by blood or whose association with the employee is equivalent to a family member- limit one designated person in a 12-month period).

Who is eligible for CFRA?

Employees who have worked for the District for at least 12 months.

Will my benefits continue while on FMLA/CFRA?

The District will continue to make contributions for medical, dental, and vision coverage while an employee is in a paid status. The employee is required to continue to pay their share of the premium.

Health care providers who may certify FMLA/CFRA leave (*must be licensed to practice in California*):

- Podiatrists
- Dentists
- Clinical psychologists and clinical social workers
- Optometrists
- Chiropractors
- Nurse practitioners and nurse-midwives
- Physician assistants

What is Pregnancy Disability leave?

PDL provides up to four months of leave which can run concurrently with FMLA. CFRA can be taken after PDL. Disability by pregnancy includes, but is not limited to:

- Severe morning sickness
- Prenatal and postnatal care
- Postpartum depression
- Loss or end of pregnancy or recovery from childbirth
- Bed Rest

Lactation Accommodation for nursing mothers:

California law provides a reasonable amount of break time for employees to express breast milk, and a private location other than a bathroom to do so. The room must:

- Be safe, clean, and free of toxic or hazardous materials
- Contain seating and a surface to place a breast pump and other personal items
- Have access to electricity or alternative devices allowing operation of an electric or battery powered breast pump
- Have access to a sink with running water and a refrigerator or cooler suitable for storing breast milk close to the employee's workspace