*Berkeley Unified School District*
*Human Resources Department*
2020 Bonar Street, Suite 206, Berkeley, CA 94702
Telephone (510) 644-6150
Fax (510) 644-6151 Classified
Fax (510) 644-2883 Certificated

# *REQUEST FOR LEAVE*

## *Section I – Employee*

| | | |
|---|---|---|
| **Last Name** | **First Name** | |
| **Address** | | |
| **City** | **State** | **Zip** |
| **Position/Title** | **Total Employee FTE** | |
| ❒ **Certificated** | ❒ **Classified** | |
| **Email Address:** | | |
| **District ID number** | **OR Last four digits of Social Security Number** | |
| **Work Phone Number** | **Work Location** | |
| **Home Phone Number** | | |

| **Date Requested** | **Month** | **Day** | **Year** |
|---|---|---|---|
| **Leave Starts** | | | |
| **Leave Ends** | | | |

## *INSTRUCTIONS*

**For your leave request to be considered, please ensure the following is completed at least 15 work days prior to the leave date requested.**

- Refer to your union agreement, if applicable, for benefits provided for each type of leave.
- Complete Section I.
- For pregnancy, child-rearing, maternity, paternity, sick, extended sick or Family Medical Leave, have a licensed health care provider complete Section II on the reverse side of this form.
- ***For FMLA, eligible employees are entitled to 12 workweeks of leave in any 12-month period. The District determines FMLA eligibility by reviewing leave history 12 months prior to the requested leave effective date.***
- For adoption, have the attorney or authorized agent complete Section II on the reverse side of this form.
- After all of the appropriate sections of the form are completed, submit this request to your supervisor for review.
- Your supervisor completes Section III on the reverse side of the form and forwards the leave request to the Human Resources Department for determination.
- **To ensure your leave balances and pay are accurate, promptly submit to the Human Resources Department, Absence Certificates for all of your absences.**

***Leave Requested:*** ❒ 100% leave or ❒ _____% Leave

- ❒ Pregnancy Disability Leave
- ❒ Maternity/Paternity
- ❒ Child Rearing Leave
- ❒ Adoption Leave
- ❒ Family Medical Leave (FMLA)*
- ❒ Sick Leave
- ❒ Extended Sick (After other paid leave is exhausted)
- ❒ Unpaid Leave
- ❒ Military Leave (Attach Orders)

Explanation: _____
_____

I certify that the reason(s) specified above are true and correct.

***Signature*** _____ ***Date*** _____

## Section II Physician's or Attorney's Verification

**A physician's verification is required for leaves such as pregnancy, child-rearing, maternity, paternity, sick leave, extended sick or Family Medical Leave. An attorney's verification is required for adoption leave.**

| **Employee's Last Name Employee's First Name** | **Date of health condition, expected delivery or adoption:** |
|---|---|
| | |

**Reason for Leave:**

❒ I have attached documentation to justify reason(s).

**This does not constitute a medical release. *A SEPARATE MEDICAL RELEASE IS REQUIRED BEFORE THE EMPLOYEE CAN RETURN TO REGULAR DUTY.***

| **Name of Physician or Attorney:** | **Anticipated date employee will be able to return to full duty:** |
|---|---|
| | |

| **Office Address City State Zip** | **Office Telephone Number:** |
|---|---|
| | |
| **Physician's or Attorney's Signature:** | **Date:** |
| | |

## Section III Immediate/Program Supervisor's Review

I certify that all absence certificates for this employee have been submitted to the Human Resources Department.

❒**Leave Recommended** ❒**Leave Not Recommended**

| **Supervisor's Name** | **Signature** | **Date** |
|---|---|---|
| | | |

## Section IV Approved: ❒Yes ❒No

| **Director, Classified Personnel** | **Date** | **Director, Personnel Services** | **Date** |
|---|---|---|---|
| | | | |
| **HR Staff replied to employee and employee's supervisor:** | **Date** | **Method of Communication:** | **HR Staff:** |
| | | | |