

Request for Leave of Absence – FMLA/CFRA/PDL

To be completed by employee requesting leave:

Employee Name _____

Application Date _____

Reason for leave:

- Medical – self Medical – family care Birth/adoption/foster care placement of child Pregnancy Disability Leave
 Caring for military service member Leave due to a qualifying exigency relating to military service

Expected date that leave begins: _____

Probable duration of leave: _____

Expected date that leave ends: _____

Leave will be:

- Continuous Intermittent

If requesting intermittent leave, please provide any known information regarding the intermittent or reduced leave schedule you are requesting:

During my leave, I can be reached at:

Address

_____-_____
City State Zip

(____)_____-_____
Phone Number Email Address

I also understand that I am required to provide timely medical certification for any medical leave, and notify Human Resources at the Central California Conference of Seventh-day Adventists and provide additional medical certification should it be necessary to extend the leave.

Please refer to our employee handbook for more information. Contact Human Resources if you have any questions.

Employee's Signature

Date

Human Resources

Date