

**SAN LEANDRO UNIFIED SCHOOL DISTRICT**  
Employee Request for Additional Leave Under FMLA/CFRA Laws

|                |                |         |     |
|----------------|----------------|---------|-----|
| Last Name      | First Name     | Initial |     |
| Street Address | City           | State   | Zip |
| Contact Number | E-mail Address |         |     |
| Position       | Work Site      |         |     |

**I request a leave of absence pursuant to the FMLA Laws as follows (check one):**

- Pregnancy Disability (You are automatically placed on FMLA when you begin PDL)

\_\_\_\_\_ through \_\_\_\_\_  
*Start Date* *End Date*

- Bonding with newborn child or child placed for adoption / foster care (CFRA)

\_\_\_\_\_ through \_\_\_\_\_  
*Start Date* *End Date*

- Employee's Own Serious Health Condition (Medical Certification Required)

\_\_\_\_\_ through \_\_\_\_\_  
*Start Date* *End Date*

- Care for Employee's Spouse, Dependent Child, or Parents with a Serious Health Condition (Medical Certification Required)

\_\_\_\_\_ through \_\_\_\_\_  
*Start Date* *End Date*

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

\_\_\_\_\_  
Principal/Administration Signature \_\_\_\_\_  
Date

**Personnel Services Use Only**

- Approved  
 Not Approved

\_\_\_\_\_  
*Personnel Services Signature* \_\_\_\_\_  
Date

**Comments:**