## SAN LEANDRO UNIFIED SCHOOL DISTRICT

Employee Request for Additional Leave Under FMLA/CFRA Laws

Last Name		First Name		Initia	Initial	
Street Address		City		State	Zip	
Contact Number			E-mail A	Address		
Position			Work S	ite		
<u>l re</u>	quest a leave of absence	pursuant to the	FMLA Laws as f	follows (check o	<u>ne):</u>	
	□ Pregnancy Disability (You are automatically placed on FMLA when you begin F					
	Start Date	_ through	End Date	<u> </u>		
□ Bonding with newborn child or child placed for adoption / foster care						
	Start Date	through	End Date	_		
	Employee's Own Serious I	Health Condition (	Medical Certification	on Required)		
	Start Date	_ through	End Date			
<ul> <li>Care for Employee's Spouse, Dependent Child, or Parents with Condition (Medical Certification Required)</li> </ul>				າ a Serious Health		
	Start Date	_ through	End Date	_		
Employee Signature		Date				
Principal/Administration Signature			 Date			
Pers	sonnel Services Use Only					
	Approved Not Approved					
Personnel Services Signature			Date			

**Comments:**