



CLASSIFIED EMPLOYEES - REQUEST FOR LEAVE and LEAVE PROTECTIONS

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Class/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_ Dept.: \_\_\_\_\_

Employment Status:  Permanent  Probationary  Temporary  Provisional  Exempt

This leave is a:  New Request  Request to Extend a Leave<sup>1</sup>  Change to a scheduled leave

Amount of leave Requested:  Continuous  Intermittent  Reduced Schedule

Date of Leave: From (dates) \_\_\_\_\_ to \_\_\_\_\_

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

Type of leave Requested: (Check all That Apply and see the backside of this form for the provisions governing each leave type):

Medical Leave (Attach the required supporting Medical Certification/doctor's note)

My Medical Leave is for:

- My Own Illness or Care
 Child Bonding or Assumption of Child Rearing (Birth/Placement Date): \_\_\_\_\_
 My spouse/partner is a District employee also taking child bonding leave
 Pregnancy Disability Leave (PDL) or Related Condition
 Care for a Qualifying Family Member with a serious health condition

State relationship and type of care to be provided: \_\_\_\_\_

This is a Workers' Compensation related injury/illness

- I would like to supplement my medical leave with Pay during my leave. I wish to use my accrued:
 sick leave  vacation  compensatory time and/or  floating holidays
 I DO NOT wish to supplement my medical with Pay from my accrued leave balances.
 I will apply for Short Term Disability (STD) or Paid Family Leave (PFL).
 I DO NOT wish to apply for Short Term Disability (STD) or Paid Family Leave (PFL).

FMLA/CFRA<sup>2</sup>:

- I would like to request leave protections under the Family Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA) for the purpose identified in the "Medical Leave Section OR to:
 Care for Next of Kin Covered Military Service Member
 Military Exigency Related to Deployment

Other leave types:

- Personal Leave (unpaid)
 Educational Leave (unpaid)
 Family Care Leave (permanent employees only; unpaid; This is not FMLA)

- Leave to Accept Other City Employment  TEX  PEX
City & County SF Department \_\_\_\_\_
Class No. & Title \_\_\_\_\_
 Military Leave (Reservist - Attach Orders)
 Other, Please Specify: \_\_\_\_\_

Table with 5 columns: PRINT NAME & TITLE, SIGNATURE, DATE, APPROVE<sup>3</sup>, DENY (attach reason, if required). Rows for Employee's Supervisor and HR Officer/Designee.

<sup>1</sup> Requests for extension of FMLA/CFRA or PDL leave must be submitted two business days prior to the end of the currently scheduled FMLA/CFRA or PDL leave when practicable. Failure to submit timely request may delay granting the extension.

<sup>2</sup> Ineligibility for FMLA/CFRA leave protection does not indicate automatic ineligibility for medical leave benefits

<sup>3</sup> FOLLOWING VERIFICATION OF ELIGIBILITY AND MEDICAL NECESSITY, CERTAIN LEAVE TYPES MUST BE DESIGNATED ON THE DESIGNATION FORM EVEN IF NOT REQUESTED. THIS FORM CANNOT BE USED TO APPROVE OR DENY FMLA, CFRA OR PDL PROTECTIONS. SIGNATURE ACKNOWLEDGES RECEIPT OF FMLA, CFRA, OR PDL REQUEST ONLY.

## Leaves of Absence – General Provisions

1. A request for leave in excess of five days must be approved in advance on the appropriate form by the department head, Human Resources representative, and the Chancellor or designee.
2. An employee who does not return to work when they are expected are absent without official leave (AWOL) and shall be subject to automatic resignation. In the absence of an automatic resignation, an unauthorized leave of absence may be grounds for discipline, up to and including termination.
3. Extensions or abridgments of leaves of absence may be made only with the approval of the Chancellor or designee.
4. Disapproval of certain types of leave may be appealed either through the grievance procedure in the respective collective bargaining agreement or the Civil Service Commission Rules, Article X: Appeal Procedures.
5. Except for personal leave and in cases where the employee has obtained the prior approval of the Chancellor or designee, an employee may not accept employment outside of SFCCD service, other than military service while on a leave of absence.

Employees should consult their human resources representatives if they have questions or need more information on any of the leave requirements described below.

**Sick Leave:** To be considered an excused absence and to be paid for sick leave in excess of five consecutive working days, the District requires that the employee's health care provider certify, by letter or by completing the Request for Leave Form, the employee's illness and/or inability to perform her/his job. The Request for Leave form is available from the District's Human Resources Department. Employees are responsible for notifying their supervisors when they are unable to report for duty because of illness, and of the approximate date of their return to work.

**Military Leave:** Military Leave is governed by the provisions of applicable Federal and State laws, by Charter provisions and by Civil Service Rule 120 Leaves of Absence, Civil Service Rule § 120.26 Military Leave, § 120.26.1, and by District policy. Employees requesting military leave shall file with the Associate Vice Chancellor of Human Resources a copy of the orders necessitating such service prior to the effective date of the leave of absence and upon return from such leave shall submit a copy of the discharge or release. Please contact the Human Resources Department - Classified Unit for pertinent leave, benefits, and salary information regarding military leave.

**Family Care Leave: (This is not the FMLA Leave – see below).** Unpaid Family Care Leave may be approved for up to one (1) year for permanent employees who have one (1) or more years of continuous service for the birth of the employee's child; the assumption of parenting or child rearing responsibilities; or the serious illness, health condition, mental or physical impairment of the employee's family member, domestic partner, child, parent or child for whom the employee has parenting responsibilities.

**Witness or Jury duty Leave:** Employees shall notify the department head immediately upon receiving notice of jury duty. In accord with Civil Service Rule 120.36 Leaves of Absence, Witness or Jury Duty Leave, an employee who is summoned as a witness on behalf of the District or juror for a judicial proceeding shall be entitled to leave with pay subject to the provisions stated below less the amount of juror or witness fee paid for the period required for such service (Charter Section A8.400G). The employee must obtain a "Jury Duty Certificate" from the Jury Commission or Court Clerk. The employee must provide this certificate to their supervisor who in turn submits it to the payroll department.

**Educational Leave:** Educational Leave is unpaid and is generally available to permanent employees only. An employee may be granted leave not to exceed one year for securing additional education in a field related to your position. For information regarding Educational Leave, classified employees should contact the Human Resources – Classified unit at 241-2246.

**Leave to accept other City and County SF employment:** Leave to accept a temporary or exempt appointment in the City is available to permanent civil service (PCS) employees only at the discretion of the Chancellor/designee.

**Personal Leave:** Permanent (PCS) employees may request unpaid personal leave for up to twelve (12) months within a two-year period. The Chancellor/designee has the discretion to grant or deny requests for personal leave. With certain exceptions, temporary or provisional employees may request personal leave for a maximum of one month, and only if a replacement for their position is not required.

**Leave extension:** An employee who wishes to extend a leave of absence must submit a completed Request for Leave form to his or her immediate supervisor and to the Human Resources Department if possible at least two weeks advance notice for foreseeable events before the expiration date of the current leave. For events that are unforeseeable, an employee must notify his or her immediate supervisor as soon as reasonable able. If the request is for sick leave, the employee must provide medical certification documentation.

**Leave abridgement:** An employee who wishes to abridge a leave must submit an amended Request for Leave form before returning to work, and, if the employee was on sick leave, the health care provider must certify that the employee is physically able to return to work.

**Family and Medical Leave (FMLA):** You may be eligible under the FMLA to take unpaid leave for up to 12 workweeks of leave in a 12-month period for one or more of the following reasons:

- The birth of a child or placement of a child with the employee for adoption or foster care;
- To care for a spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the essential functions of his or her job; or
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.

Serious Health Condition: a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves either: any period of incapacity or treatment connected with inpatient care (i.e., and overnight stay) in a hospital, hospice or residential medical-care facility an any inpatient care; or continuing treatment by a health care provider which includes any period of incapacity.

**Eligibility for FMLA:** An employee must have worked for at least 12 months and has at least 1,250 hours of service during the last 12-month period immediately preceding the leave.