Request for Family or Medical Leave

PLEASE TYPE OR PRINT IN DARK INK

Leave to start

Pacific Union College Office of Human Resources One Angwin Avenue Angwin, CA 94508

Request for Family or Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Status: ☐ Full Time ☐ Part Time ☐ Temporary Length of service at PUC Hire date I request Family or Medical Leave for one or more of the following reasons: Because of the birth of my child and in order to care for him or her. Leave to start Expected return date A child has been placed with me for adoption or foster care. Leave to start Expected return date ☐ To care for my spouse, child or parent who has a serious health condition.* Leave to start_____ Expected return date_____ ☐ For a serious health condition that makes me unable to perform my job.* Please describe: Leave to start _____ Expected return date *A physician's certification is required for leave due to a serious health condition. Qualifying exigencies for your spouse, child, or parent on active duty or called to for the National Guard and/or Reserves. Please describe: Expected return date_____ Leave to start Care for a military service member recovering from injury/illness incurred during active duty in the armed forces, and the employee is the spouse, child, parent, or next of kin of the service member. Leave to start Expected return date A military spouse requiring time to spend with deployed spouse from the United States Armed Forces, National Guard, or Reserve during a time of military conflict. Leave to start Expected return date ☐ For other reasons. Describe:_____

Expected return date

	uested intermittent leave schedule (if applicable; subject to em							
Have you taken a family or medical leave in the past 12 months?		☐ Yes	□ No					
If yes,	how many workdays?							
I unde	rstand and agree to the following provisions:							
#	I have worked for Pacific Union College at least one year and at least 1,250 hours in the previous 12 months.							
#	If I fail to return to work after the leave for reasons other than the continuation, recurrence or onset of a serious health condition that would entitle me to Medical Leave or other circumstances beyond my control, and if PUC requires it, I will be financially responsible for the medical expenses paid on my behalf by PUC.							
#	This leave will be unpaid, unless PUC requires me to use paid, sick, or extended sick leave; or in the case of my own disability, payment will occur under the PUC long term disability insurance plan, if I am so covered.							
#	I may be required to exhaust my vacation, paid leave, or extended sick leave as part of my 12 weeks of leave.							
#	After 12 weeks of leave, if I do not return to work or contact considered that I abandoned my job.	et my supervisor	or manager on the date intended, it will be					
Emplo	yee Signature		Date					
	FOR OFFICE	USE ONLY						
	Leave A	pproval						
☐ Full	day leave							
☐ Inter	rmittent or reduced day leave							
Human Resources Director			Date					
Notes								
	Payroll Ins	structions						
☐ Paid	leave							
☐ Exte	ended sick leave							
□ With	nout pay							
Date le	eave began							
Date le	eave ends							
Comm	nents							