

**PREGNANCY DISABILITY (PDL), FAMILY AND MEDICAL LEAVE (FML),
MEDICAL LEAVE OF ABSENCE NOTICE**

~ REQUEST FORM ~

***To request leave, submit this form to your supervisor with medical certification attached.
Your supervisor will forward to Human Resources.***

I request leave for the following reason (check one):

- Birth, Adoption, Foster care placement of a child (expected date:) _____
- Care for spouse, parent, or child, with serious medical condition
- Own serious medical condition (non-pregnancy)
- Own disability due to pregnancy

Leave period requested (dates:) From: _____ To: _____

Please specify whether you are requesting to take leave as:

- Full absence during leave period
- Reduced work schedule during leave period
- Intermittent absences during leave period

If any other than full absence, please describe the schedule you are requesting:

Your available accrued vacation will be applied during FML, after accrued paid sick leave is exhausted. However, this will not extend the length of FML. If your leave request is due to pregnancy disability, you may elect to apply vacation time during your pregnancy disability. Electing to apply vacation will not extend the amount of any leave time available.

I request that vacation: be applied during pregnancy disability leave.

Available vacation hours: _____

not applied during pregnancy disability leave

We require that you use available accrued sick leave before placing you on leave without pay for pregnancy disability leave.

Available sick hours: _____

IMPORTANT: You may also be eligible for State Disability Insurance (SDI) or Paid Family Leave (PFL) for the unpaid portion of your leave. For information on SDI or PFL benefits please visit the EDD website at: edd.ca.gov. It is recommended that all applications be completed on-line.

I HAVE READ THE NOTICE ON THE OTHER SIDE OF THIS FORM. The required certification to support this leave request must be attached, if possible; otherwise, certification must be provided within 15 days.

Employee Name (Please Print): _____

Mailing address: _____

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Lake County Office of Education

PREGNANCY DISABILITY (PDL), FAMILY AND MEDICAL LEAVE (FML), MEDICAL LEAVE OF ABSENCE NOTICE

Notice to the employee: If the leave you are requesting meets the federal Family and Medical Leave Act and State of California Family Rights Act (hereinafter referred to as “FML”) requirements, you should be aware of the following rights and obligations:

- The period of this leave will be counted as FML in determining your future eligibility for additional FML.
- Application for Pregnancy Disability Leave (PDL) must be submitted to Human Resources no later than the sixth (6th) month of pregnancy.
- If your leave is due to a serious health condition (either your own, your spouse’s, parent’s, child’s, or domestic partner), you must provide medical certification. Approval of your leave may be withheld until you comply with certification requirements. Prior to returning to work, you will be required to present a physician’s certification of your ability to return to work if the leave is due to your own health condition.
- Your accumulated sick leave and vacation time will be applied before placing you on unpaid leave of absence. Use of such paid time will not extend the amount of leave available.
- For the period of FML, up to a maximum of 12 weeks in a 12 month period, the Lake County Office of Education (**LCOE**), will continue to pay its portion of your medical, dental and vision premiums. You will be required to pay any employee premiums (if applicable) during unpaid leave. If you wish to discontinue medical, dental and vision coverage during the unpaid leave, you may reinstate it upon return.
- If you do not return from FML, **LCOE** may require you to reimburse it for medical premiums it paid on your behalf during the unpaid portion of your leave. However, no reimbursement will be required if you do not return because of a serious health condition or if you are unable to return due to circumstances, which are outside of your control.
- Upon your return to work, you have the right to reinstate the same position or another position with equivalent benefits, pay and conditions of employment. If your job is unavailable due to, for example, a temporary or indefinite layoff, you have no greater right to reinstatement than if you were actively at work rather than on leave. Leave of absence will only be used for the period of disability resulting from a medical condition. If you do not return to work at the end of, or before, the completion of the period granted, or accept employment elsewhere while on leave, **LCOE** will consider this to be a voluntary resignation of your **LCOE** position.
- Time spent on a medical leave will count toward the 12 weeks, in a 12-month period (beginning with initial FML eligibility), allowed under the FML.
- **LCOE** cannot guarantee any position beyond your approved leave period. Once you have exhausted all available forms of paid and unpaid leave, you will be placed on a 39-month rehire list (*permanent employees* only) or separated from service (probationary employees). Medical leaves due to pregnancy disability are up to four months, which do not run concurrently with the California Family Rights Act. Therefore, in certain cases, reinstatement may be granted up to seven (7) months.
- Insurance coverage by **LCOE** will cease for time exceeding the paid period of disability (or FML/CFRA, i.e., 12 weeks) unless payment of the premiums is made on a monthly basis by the employee.

Please note: should this policy conflict with current prevailing law, prevailing law will apply.