



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

LEAVE REQUEST FOR EXTENDED SICK AND SPECIAL LEAVE

Employees must contact The Standard no later than the 4th day of leave to initiate the leave process.¹

Must print in Black or Blue ink ONLY

Check box if applying for STD

Employee ID	Rcd No.	Last Name, First Name		
Job Title		Department	Department ID	

To Be Completed By Employee (Supervisor may complete in employee's absence)

Home Address		City	State	Zip Code
Mailing Address (if different than Home)		City	State	Zip Code
Telephone Numbers:	Home	Work	Alternate	
Type of Request <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Reasons for Leave			
	<input type="checkbox"/> Own serious health condition (non-work related) <input type="checkbox"/> Occupational injury/illness <input type="checkbox"/> Indicate due date if pregnant : <input type="checkbox"/> Care for child/spouse/domestic partner/parent for a serious health condition ² <input type="checkbox"/> Birth, placement or adoption of a child's other parent is a county employee, indicate name and employee ID: <input type="checkbox"/> Care for other family member, including legal guardianship, for serious health condition <input type="checkbox"/> Military leave, educational leave, or other leave not specified above			

¹Please refer to the The Standard's Frequently Asked Question about Reporting Absences and Filing for Short Term Disability Benefits

Leave Type²	Leave Begin Date	Leave End Date	Check If Applicable
<input type="checkbox"/> Sick Leave With Pay or <input type="checkbox"/> Sick Leave Without Pay			<input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave
<input type="checkbox"/> Leave With Pay or <input type="checkbox"/> Leave Without Pay			<input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave
<input type="checkbox"/> Leave With Right To Return To Position or <input type="checkbox"/> Leave Without Right To Return To Position			
Military Leave (attach active duty orders)			
Occupational Injury/ Illness <small>(Pending Risk Management's approval and requires an Employer's Report of Occupationally Injury or Illness)</small>			<input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave
Other - Explain:			<input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave

	Print & Sign	Date
Employee ³		
Supervisor/Title		
Appointing Authority or Designee		
Human Resources Officer ⁴		

² At no time will the Employee receive more than 100% of pay from County paid leave, Short Term Disability or any other state leave program.

³ If employees is unable to sign , write SNA and indicate date copy sent to employee's mailing address

⁴ Required for Leave With/Without Right to Return, Medical Leave of Absence, educational leave

DISTRIBUTION:

- Original-EBSD-Leaves Team (0440)
- Leave With Right-EMACS-HR (0030)
- Leave Without Right-EMACS-HR (0030)
- Medical Leave of Absence-EMACS-HR (0030)
- 1st Copy - Department
- 2nd Copy - Supervisor
- 3rd Copy - Employee

Office Use Only				
Payroll Specialist Name		Approved	Approved Pending Cert.	
Mail Code	Reviewed By	Date	Keyed By	Date

PRELIMINARY FMLA DESIGNATION NOTIFICATION

This is to inform you that your extended and/or intermittent leave will be preliminarily designated as FMLA (Family Medical Leave Act) and/or CFRA (California Family Rights Act) Leave in accordance with federal and state laws. These laws are there to protect your job and employer paid benefits while you are out on a qualified leave of absence.

As indicated on this *Leave Request for Extended Sick and Special Leave* form, you are requesting an extended leave for your own serious health condition, the serious health condition of your child, spouse, domestic partner, or parent, for the birth or adoption of a child or to care for a family member with a serious injury or illness who is a member of the Regular Armed Forces, the National Guard or Reserves, and the illness or injury incurred in the line of duty. Leave for any of these reasons qualifies as FMLA and/or CFRA Leave.

A "serious health condition" for a family member requires either:

- ◆ Hospitalization; or
- ◆ Any period of incapacity of more than three calendar days that involves continuing treatment by a health care provider; or
- ◆ Any health condition that if left untreated would result in a period of incapacity of at least three days (including chronic conditions); or
- ◆ For prenatal care
- ◆ Written documentation confirming the covering service member's injury/illness was incurred in the line of duty on active duty and the covered service member is undergoing treatment for such injury or illness by a health care provider.

The definition of a "serious health condition" is the same for an employee with the addition that it must prevent the employee from performing the functions of his/her position.

If the reason for your leave meets the above criteria **and** you meet the eligibility requirements, your leave will be counted as FMLA and/or CFRA. ***This does not impact how or if you are paid during your leave. You are still required to complete the necessary paperwork to receive sick pay and/or disability, if eligible.*** A formal notification will be sent to you indicating the dates covered, what entitlement your leave counts against, your eligibility, and if there is any additional information required.

For more information, please refer to the *FMLA and Pregnancy Supplemental Brochures*. If you have any further questions, call your departmental payroll specialist.