Employee Request for Family Medical Leave

Employee Name (Last, First)

Employee ID

Campus

Supervisor/Manager

Home/Cell Phone

Office Phone

Home Address

City, State

Zip Code

Start Date of Leave

End Date of Leave

Intermittent or Continuous Leave

Please check the appropriate box based on your current situation:

☐ Birth and care of your child

☐ Adoption or foster care placement of your child

☐ Serious Health Condition --
- ☐ My own
- ☐ My spouse
- ☐ My registered domestic partner
- ☐ My parent
- ☐ My parent-in-law
- ☐ My grandparent
- ☐ My grandchild

- ☐ My sibling
- ☐ My child
- ☐ Designated Person (any individual related by blood or whose association to you is the equivalent of a family relationship)

☐ Military Caregiver Leave ---
- ☐ I am the spouse of the Service Member
- ☐ I am the parent of a Service Member and stand in loco parentis of the Service Member

- ☐ I am son or daughter of the Service Member
- ☐ I am the Next of Kin of the Service Member

☐ Military - Qualifying Exigency Leave
- ☐ My spouse
- ☐ My registered domestic partner

- ☐ My child
- ☐ My parent

Additional Information
- FMLA is an unpaid leave; however, employees may use their available paid leave in conjunction with FMLA.
- FMLA eligibility and designation information will be sent via District email to employees and their direct supervisor.
- A leave request based on a serious health condition must be accompanied by a Certification of Health Care Provider. The District has the right to ask for 2nd & 3rd certifications if there is reason to doubt validity of certification.
- The District has the right to limit an employee to leave for one "designated person" per 12-month period.

Employee Signature

Date

To be completed by the employee and returned to:
People, Culture, and Technology Services, Employee Services Department
3375 Camino del Rio South #380, San Diego, CA 92108
Phone: 619-388-6587 | Email: hrbenefits@sdccd.edu