

Request for Family or Medical Leave

PLEASE TYPE OR PRINT IN DARK INK

Pacific Union College
Human Resources Office
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.

Name _____

Date _____

Status: Full Time Part Time Temporary

SS# _____

Hire date _____

Length of service at PUC _____

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.

For other reasons. Describe: _____

Leave to start _____

Expected return date _____

Requested intermittent leave schedule (if applicable; subject to employer's approval)

Have you taken a family or medical leave in the past 12 months? Yes No

If yes, how many workdays? _____

I understand 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 my supervisor or manager on the date intended, it will be considered that I abandoned my job.

Employee Signature _____ Date _____

FOR OFFICE USE ONLY

Leave Approval

- Full day leave
- Intermittent or reduced day leave

Human Resources Director _____ Date _____

Notes _____

Payroll Instructions

- Paid leave
- Extended sick leave
- Without pay

Date leave began _____

Date leave ends _____

Comments _____

