

Request for Family or Medical Leave

PLEASE TYPE OR PRINT IN DARK INK

**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.

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.

Qualifying exigencies for your spouse, child, or parent on active duty or called to for the National Guard and/or Reserves.

Please describe: _____

Leave to start _____

Expected return date _____

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: _____

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 _____
