

REQUEST FOR FAMILY and MEDICAL LEAVE and/or PREGNANCY DISABILITY LEAVE

Name	Position Title	Date of Request
Department	Personal Email	Employee ID

- Yes** **No** Have you been employed with the County of Kings for at least 12 months? Hire Date: _____
- Yes** **No** Have you worked 1,250 hours in the 12 months immediately prior to the date the leave is to begin?
- Yes** **No** Have you been granted Family and Medical Leave during the past 12 months?
- Yes** **No** Is this leave request related to an on-the-job illness or injury?

ANTICIPATED DATE LEAVE WILL BEGIN: _____	ANTICIPATED LAST DAY OF LEAVE: _____
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METHOD OF LEAVE REQUESTED:

A. Consecutive Leave

B. Intermittent or Reduced Leave Schedule (Specify schedule below)

Intermittent or Reduced Leave Schedule: _____

I request a leave of absence for the following:

Pregnancy Disability Leave (PDL) - (Dr.'s note/medical certification required) Expected delivery date: _____

I am requesting: PDL leave only; OR, PDL followed by Family Medical Leave (FMLA/CFRA)

Family and Medical Leave - Family & Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA), or PDL - for the following reason (check one):

- A. The birth of a child and/or in order to care for such child. Date of Birth: _____
- B. The placement of a child with you for adoption or foster care. Date of adoption or placement: _____
- C. In order to care for your spouse, child, parent, registered domestic partner due to his/her serious health condition.
(Must submit "Medical Certification" within 15 calendar days.)
- D. In order to care for your adult child who is incapable of self-care. (A child is "incapable of self care" if he/she requires active assistance or supervision to provide daily self care in three or more of the activities of daily living or instrumental activities of daily living, such as caring for grooming and hygiene, bathing, dressing and eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, etc.)
(Must submit "Medical Certification" within 15 calendar days.)
- E. Employee's own serious health condition that makes you unable to perform the functions of your position.
(Must submit "Medical Certification" within 15 calendar days.)
- F. To assist your son or daughter, spouse, parent who is a member of the Armed Forces, including the National Guard or Reserves with a "qualifying exigency" related to "covered active duty or a call to active duty status."
(Must submit "Certification" of Qualifying Exigency.)
- G. "Military Caregiver Leave" to care for your son or daughter, spouse, parent, "next of kin" covered servicemember of the United States Armed Forces who has a serious injury or illness incurred or aggravated in the line of duty while on active duty (up to 26 weeks of leave).
(Must submit "Certification" from Department of Defense or Department of Veteran Affairs within 15 calendar days.)

USE OF PAID LEAVE Coordinate disability benefits with your available paid leave through the Finance Department (852-2456) to continue receiving regular pay while on approved family and medical leave or PDL.

Employees on family and medical leave for their own serious illness or on PDL are required to use available sick leave before going into unpaid leave status. Employees on family and medical leave (FMLA/CFRA or PDL) may use accrued/available vacation and/or compensatory leave prior to going into unpaid status. **However, if you do not notify your payroll contact otherwise, the County will assume you want to use your vacation and/or compensatory time to remain in paid status as long as possible.**

All time off for PDL (paid or unpaid) will be counted toward the PDL maximum 4-month allowance. All time off for FMLA/CFRA leave (paid or unpaid) will be counted toward the maximum FMLA/CFRA 12-week allowance (26-weeks FMLA for military caregiver).

HEALTH BENEFITS CONTINUATION To keep health insurance benefits in effect, pay your employee share of the premium through payroll deduction or by direct payment to the Finance Department. If you fail to pay the required amount within 30 days of the due date, insurance coverage may be terminated. If you do not return to work following your leave period, the County may seek reimbursement for the portion of health insurance premiums paid by the County during the leave.

If I do not exceed my protected leave entitlement, then upon expiration of leave I will be reinstated to my position, or to an equivalent position. I understand I will have no greater rights to reinstatement, benefits and other conditions of employment than if I was working. I understand that if my leave extends beyond my FMLA/CFRA and PDL entitlement I will not have return rights under FMLA, CFRA or PDL and I may be terminated.

Employee Signature: _____ **Date:** _____

Department Signature: _____ **Date:** _____

NOTICE: Employee to submit to Department (supervisor or manager); Department should sign and date the request to document date of receipt. Then, immediately: 1) send original to HR; and 2) notify appropriate supervisor/manager; 3) Dept. FMLA Designee must enter FMLA Request in PeopleSoft.

cc: Human Resources Department