CITY OF GALT REQUEST FOR LEAVE OF ABSENCE

TO BE COMPLETED BY EMPLOYEE

LAST NAME	FIRST NAME	MIDDLE INITIAL	EMAIL ADDRESS

CHECK APPLICABLE	LEAVE TYPE	Include the Following Required Additional Documentation
☐	Medical (FMLA/CFRA)	• Certification of Health Care Provider
☐	Pregnancy Disability (PDL)	• Certification of Health Care Provider
☐	Reproductive Loss	• Additional documentation not required, unless otherwise requesting other medical leave (FMLA/CFRA/PDL).
☐	Military Duty	• Copy of Orders
☐	Military Exigency	• Copy of Orders Type of Service: ☐ Armed Forces ☐National Guard ☐Reserves **Relationship**: ☐ Spouse ☐ Registered Domestic Partner ☐Parent ☐ Child
☐	Family Care (FMLA/CFRA)	• Certification of Health Care Provider. For serious health condition of covered family member: **Relationship**: ☐ Spouse ☐ Child ☐ Parent ☐Sibling ☐Grandparent ☐Grandchild ☐ Registered Domestic Partner ☐ Designated Person (related by blood or association equivalent of a family relationship) **Name of Family Member:**
☐	Baby/Child Bonding (FMLA/CFRA)	• Copy of the Birth Certificate, Hospital Certificate, Adoption Papers
☐	Intermittent FMLA/CFRA	• Certification of Health Care Provider – self or family member (also complete Medical or Family Care section above)
☐	Personal	• Letter explaining compelling need for leave, subject to approval by the City Manager, or assigned designee, *See Personnel Manual Section 13.4.*

LEAVE START DATE:	**EXPECTED LEAVE RETURN DATE:**
LEAVE ACCRUAL USAGE DURING LEAVE: ☐ I elect to use my accruals combined with PFL to receive 100% of my pay. ☐ I elect to use my accruals to ONLY cover the cost of my benefit premium and/or dues. ☐ I do not elect to use accruals and agree to be invoiced for any premiums and/or dues owed.	Are you filing for Paid Family Leave (PFL) or State Disability Insurance (SDI) with EDD? If so, please mark the box below, and provide the "notice of computation form" to the Payroll Division. ☐ PFL ☐SDI

All leaves are subject to the provisions and requirements of the City's Policies and Procedures which are consistent with Federal and State Laws.

☐ *I have read and understand the brief Leave of Absence summary attached to this form. I also understand that if my leave is approved I will receive further information about the leave conditions as governed by the City's Leave of Absence Policy as well as that of Federal and State Laws.*

EMPLOYEE SIGNATURE:	DATE:

TO BE COMPLETED BY SUPERVISOR:

EMPLOYEE LAST DATE WORKED: _____ SUPERVISOR SIGNATURE:	DATE:

TO BE COMPLETED BY HUMAN RESOURCES

RECEIVED REQUIRED DOCUMENTATION ☐ Yes ☐ No SIGNATURE: DATE:	APPROVAL/DENIAL LETTER SENT TO EMPLOYEE ☐ Yes ☐ No FOLDER AND SPREADSHEET UPDATED ☐ Yes ☐ No

SUBMIT ALL FORMS AND REQUIRED DOCUMENTATION TO THE HUMAN RESOURCES DEPARTMENT WITHIN 15 DAYS OF RECEIPT

LEAVE OF ABSENCE BRIEF SUMMARY – GUIDELINES AND INFORMATION

Whenever it is deemed necessary to be absent from work for more than 5 consecutive days due to Medical, Pregnancy, Family, Military, or Personal reasons, a Request for Leave of Absence Form must be completed, signed by your manager/supervisor, and submitted along with any required documentation to the ***Human Resources Department*** for processing. Review the City's Leave of Absence Policy for details on leave eligibility. Generally, a leave of absence request should be submitted **at least (30) calendar days before the requested start date of your leave**, unless an emergency exists. Eligibility for leave generally cannot be established until all the required information is received, including this request form and any other required documentation that is listed on the previous page. Under some circumstances, the City may allow you to start your leave, but it is conditional until all required documentation is received in order to establish your eligibility.

1. WHAT DOCUMENTATION AND OTHER INFORMATION DO YOU NEED TO SUBMIT?

a. **For Medical and Pregnancy Leaves**: You must provide medical verification of the necessity for your leave from your health care provider. A Certification of Health Care Provider must be completed and returned along with your Request for Leave of Absence Form.

b. **For Reproductive Loss leave**: No additional documentation is required.

c. **For a Military Duty or Military Care/Bonding Leave**: (1) If your leave is due to your own military training, active duty assignment or deployment please provide a copy of your military orders along with your Request for Leave of Absence form (***please see the Military Leave Policy for details***). (2) If your leave is to bond with or care for an injured family member that is a "***Covered Military and Service Member***", submit a copy of *their* military orders along with your Request for Leave of Absence Form.

d. **For a Family Care Leave**: (1) If your leave is to care for a family member with a serious or chronic health condition, you must submit the Certification of Health Care Provider form to your family member's health care provider and return the completed form along with your Request for Leave of Absence. (2) If your leave is for the birth or adoption of a child, please submit a copy of the Birth Certificate or Hospital Papers, or Adoption Placement papers along with your Request for Leave of Absence form.

e. **For Intermittent FMLA/CFRA:** If you are required to be off work on an intermittent basis to care for your own serious health condition or that of a qualified family member, you must submit the Certification of Health Care Provider form to your health care provider, or that of your qualified family member and return the completed form along with your Request for Leave of Absence form.

f. **For a Personal Leave:** Please submit to the City Manager, or assigned designee, a written or typed statement of compelling reason as to why you are requesting a leave of absence. If the leave is approved and signed by the City Manager, or assigned designee, please submit the approved leave request along with your Request for Leave of Absence *form* ***(please see City of Galt Personnel Manual for details).***

2. HOW ARE COMPENSATION AND BENEFITS HANDLED IF YOUR LEAVE REQUEST IS APPROVED?

Personal Leave Accruals

a. If you are on a leave of absence due to own medical condition or that of a qualified family member or are on an approved personal leave, you may be required to use your Sick Leave Accruals, PTO, Vacation, CTO Accruals, Administrative Leave or combination of each, during your leave.

b. Information on required leave accrual usage can be found in the City's Leave of Absence Policy.

c. If you are on Military Leave, please contact the Human Resources Department for details regarding compensation during your leave.

Healthcare Coverage

a. For benefit qualifying employees that are currently enrolled in benefits, benefits are continued for a period of time <u>if</u> you qualify for the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), California Pregnancy Disability Leave (PDL) or are on an approved Military Leave (Active Duty or Active Military Training Leaves only).

b. COBRA will be offered only after you are ***<u>not</u>*** covered under FMLA/CFRA/PDL or are on a Military leave and have exceeded your healthcare continuation rights granted under the Military Leave policy (see Military Policy for details), ***<u>and</u>*** you are eligible for COBRA rights. ***(Contact the Human Resources Department for details).***

3. WHAT OTHER INFORMATION SHOULD I KNOW?

a. Requests for leave extension, where you have not taken the maximum amount of leave allowed must be submitted to your chain of command as well as to Human Resources.

b. You will not receive wages, or accrue personal leave hours during the ***<u>unpaid</u>*** portion of your leave.

c. You are required to contact Human Resources prior to returning to work so that HR can: (1) determine your medical ability to return to work, and/or (2) make any scheduling or other changes necessary to accommodate your return to work. You must also submit medical certification of your ability to return to work if the leave was due to your own medical condition.

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