SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

1651 Sixteenth St. Santa Monica, CA 90404 Phone 310.450.8338 / Fax 310.450.0898

Human Resources Department

To: HUMAN RESOURCES DEPARMENT ☐ **Certificated** ☐ **Classified**

From: _____ Home Phone:_____ School Site:_____

RE: REQUEST FOR LEAVE OF ABSENCE

I request the Assistant Superintendent/Chief of Staff's approval for a leave of absence effective the following dates:

From: _____ **To:** _____

Leave Type Requested

☐ Medical Personal Leave ☐ Personal Leave ☐ FMLA Leave ☐ WC Leave ☐ Personal-Partial Leave
☐ Medical Maternity Leave ☐ Child Care Leave ☐ CFRA Leave ☐ Home Assignment/Leave ☐ Medical-Partial Leave

Rationale/Comments:

_____

***For medical or family care leave, please attach a Doctor's verification documenting your (or your family member's) medical condition and anticipated length of medical condition/illness/disability. Personal and maternity medical leaves require completion of a "Certificate for Return to Work or Further Treatment" form in order to return to work or to extend leave**.

If a paid leave is granted, you will be paid at your current pay rate for the number of days of illness/necessity time you have accrued. For medical leaves, after accrued time is exhausted, Certificated employees will be paid at the "difference in pay" rate according to the SMMCTA contract provision, for a maximum of 5 months. Classified employees will receive extended sick leave benefits at 50% of their salary to a maximum of 100 days per fiscal year.

The federal Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) allow for an unpaid leave of absence with an extension of medical benefits for a maximum of 12 work weeks during any fiscal year. Upon return from a FMLA/CFRA leave of absence, you will be reinstated to the same, or an equivalent job, with the same pay, benefits, and terms and conditions of employment as you held prior to the leave. Accrued paid leave and FMLA leave taken shall run concurrently with CFRA leave, except when the leave is for pregnancy or pregnancy-related disability. In such cases, the FMLA leave shall run concurrently with the pregnancy disability and the CFRA leave may be used thereafter.

A returned copy of processed leave of absence form shall serve as the employee's notification of leave status and dates.

_____ _____ _____ _____
Employee's Signature Date Supervisor's Signature (Acknowledgement of Leave Request) Date

_____ **Office Use Only** _____

☐ **Approved** ☐ **Denied**

_____ _____
Michael D. Matthews, Ed.D (or designee) Date
Assistant Superintendent, Human Resources

Leave Notification Sent Date _____ **INS**_____

Unpaid Begins	_____	**Paid Begins**	_____	**FMLA Begins**	_____	**CFRA Begins**	_____	**PDL Begins**	_____
Unpaid Ends	_____	**Paid Ends**	_____	**FMLA Ends**	_____	**CFRA Ends**	_____	**PDL Ends**	_____
		Sick Days	_____	**Total Days**	_____	**Total Days**	_____	**Total Days**	_____

Last Updated: 9/1/2005