

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
1651 Sixteenth St. Santa Monica, CA 90404 310.450.8338/Fax 310.450.0898
Human Resources Department

To: **HUMAN RESOURCES DEPARTMENT**

Certificated

Classified

From: _____
 (Print Name)

Home Phone: _____

School Site: _____

RE: REQUEST FOR LEAVE OF ABSENCE

I request the Assistant Superintendent's (or designee) approval for a leave of absence effective the following dates:

From: _____

To: _____

Leave Type Requested:

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical Personal Leave | <input type="checkbox"/> FMLA Leave | <input type="checkbox"/> Medical-Partial Leave |
| <input type="checkbox"/> Medical Maternity Leave | <input type="checkbox"/> CFRA Leave | <input type="checkbox"/> Personal-Partial Leave |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Child Care Leave | <input type="checkbox"/> Loan/Contract transfer |
| <input type="checkbox"/> Catastrophic Leave (Must meet the conditions outlined in the CBA and is subject to approval process enumerated.) | | |

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 medical and maternity leaves require completion of a "Certificate for Return to Work or Further Treatment" form in order to return to work or to extend leave.**

***Certificated employees granted an unpaid leave for more than 25% of the school year will not advance a step on the salary schedule for that year.**

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 FMLA/CFRA leave of absence you will be reinstated to the same or to 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 shall run concurrently with CFRA leave, except when the leave is for pregnancy or a pregnancy-related disability. In such cases, the FMLA leave shall run concurrently with the medical maternity leave and the CFRA leave may be used thereafter.

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

| | | | |
|-------------------------------|---------------|---|---------------|
| _____ Employee's Signature | _____ Date | _____ Supervisors' Signature (Acknowledgement of Leave Request) | _____ Date |
|-------------------------------|---------------|---|---------------|

Office Use Only

Approved Denied

Assistant Superintendent-Human Resources

Date

Leave Notification Sent Date: _____ By: _____

| | | | | |
|---------------------|-------------------|-------------------|-------------------|------------------|
| 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 _____ | Total Days _____ |