

BIGGS UNIFIED SCHOOL DISTRICT  
 PAYROLL DEPARTMENT  
 300 B STREET  
 BIGGS, CA 95917  
 (530) 868-1281

CERTIFICATED  
 CLASSIFIED

**EXTENDED LEAVE OR MEDICAL NOTIFICATION ABSENCE REQUEST**

**INSTRUCTIONS:** Medical issues require a release from work statement from your physician. Before you can resume work a return to work statement from your physician must be submitted to your supervisor and forwarded to the Payroll Dept. Monthly Attendance Reports must be submitted while on leave.

I, \_\_\_\_\_ ID# \_\_\_\_\_  
 (PLEASE PRINT)

REQUEST an absence beginning \_\_\_\_\_, ending approximately \_\_\_\_\_  
 (First Day of Leave) (Last Day of Leave)

LEAVE DESIGNATION See Instructions on Back		ESTIMATED TOTAL LEAVE HOURS
Illness/Medical attach physician statement	Administrative Assignment	Other (describe in remarks section)
Industrial Injury – (Work related Injury) attach physician statement	Unpaid	Military
Maternity/Paternity Leave attach physician statement	Pregnancy Disability Leave (PDL) attach physician statement	
Sabbatical		
<b>FAMILY MEDICAL LEAVE ACT (FMLA)/CALIFORNIA FAMILY RIGHTS ACT (CFRA)</b>		
<input type="checkbox"/> Medical Certification Attached		
Birth of child, placement of child for adoption or foster care	Serious health condition of employee	Serious health condition of child, parent, or spouse
<i>I UNDERSTAND THAT I MUST CONCURRENTLY EXHAUST ALL OTHER ACCRUED LEAVES, WHEN APPLICABLE.</i>		

EXPLANATION OF ABSENCE/REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Substitute:  
 \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Department \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Recommended  Not Recommended

Assistant Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Recommended  Not Recommended

**Leave Of Absence Request Signature Review**

Approved  Denied

Superintendent Signature \_\_\_\_\_ Date: \_\_\_\_\_

# LEAVE DESIGNATION

**PLEASE CONSULT THE APPROPRIATE BARGAINING UNIT AGREEMENT FOR SPECIFIC DETAILS:**

## **Administrative Assignment**

No written verification required. Administrator making assignment will approve leave.

## **Illness/Medical**

Written medical verification from a physician may be required for any absence. Attach physician's statement indicating approximate period of illness.

## **Industrial Injury**

Verified by Workers' Compensation authorization.

## **Pregnancy**

Attach a medical statement indicating the beginning date and estimated date of return.

## **Military**

Attach copy of assignment orders.

## **Sabbatical**

Identify specific purpose of leave. Attach a one-page summary of events during the leave period.

## **Unpaid**

Identify reason for request.

## **Family Care and Medical Leave (FMLA)**

Family Medical Leave Act (Federal) provides eligible employees with up to 12 weeks paid or unpaid leave during any 12-month period for the following reasons:

- ❖ Birth and care of your child, or placement for adoption or foster care of a child with you.
- ❖ Care of an immediate family member (spouse, child or parent) who has a serious health condition.
- ❖ Care of the employee's own serious health condition.

## **California Family Rights Act (CFRA)**

California Family Rights Act (State) provides eligible employees with up to 12 workweeks paid or unpaid leave in any 12-month period for the following reasons:

- ❖ Birth of a child for purposes of bonding.
- ❖ Placement of a child in the employee's family for adoption or foster care.
- ❖ For the serious health condition of the employee's child, parent or spouse.
- ❖ For the employee's own serious health condition.

## **Pregnancy Disability Leave (PDL)**

Pregnancy Disability Leave provides you with up to four months disability due to pregnancy, childbirth, or a related medical condition.

In all instances other than pregnancy, FMLA and CFRA run concurrently. All leave hours must be exhausted, when applicable.