

**Extended Medical Leave
Biggs Unified School District
300 B Street, Biggs, CA 95917**

Employee Name: _____

Employee Number: _____

First day of Leave: _____

I UNDERSTAND THAT I MUST CONCURRENTLY EXHAUST ALL OTHER ACCRUED LEAVES, WHEN APPLICABLE.

Leave Type:	Ending date: (Can be approximate)
Administrative Assignment	Illness/Medical
Industrial Injury	Pregnancy
Military	Sabbatical
Unpaid	other
Family Care & Medical Leave (FMLA)	State Disability (SDI)
California Family Rights Act (CFRA)	Paid Family Leave (PFL)
Pregnancy Disability Leave (PDL)	

Please attached Medical Certification (Doctor's note) for the following leaves:
Illness/Injury, Work related injury, PDL, FMLA, CFRA, Maternity/Paternity Leave, SDI, PFL

Explanation of Absence/Remarks:

Name of Substitute: <small>(If applicable)</small>	Employee Signature:
	Supervisor Signature:
	Superintendent Signature:

- PLEASE CONSULT THE APPROPRIATE BARGAINING UNIT AGREEMENT FOR SPECIFIC DETAILS REGARDING THE LEAVES.
- Once this form is returned and approved Payroll will reached out with any additional information regarding your leave usage and pay.
- Please continue to submit the Monthly Absence report at the end of each month while on leave.
- ALL LEAVES RUN CONCURRENTLY.