

Request for Extended Leave

Biggs Unified School District 300 B Street, Biggs, CA 95917

Complete and submit to payroll 30 days prior to the start of your anticipated leave.

All doctors notes must be submitted FIFTEEN (15) days prior to your first day of leave.

Employee Name: _____ Date: _____

Date leave is to start: _____ Date I expect to return to work: _____

Reason for taking leave:

- Birth of a child and to care for child after birth, adoption placement , or foster care
- To care for my spouse, registered domestic partner (CFRA only), child, parent, or other covered family member who has a serious health condition.
- My own serious health condition that makes me unable to perform at least one of the essential functions of my job.
- Other type of Leave: _____
(Administrative Assignment/Industrial/Military/Unpaid/Sabbatical)

Comments/scheduled of time needed off: DO NOT include any information pertaining to diagnosis, condition, or treatment. If leave will be intermittent, provide proposed schedule in comments below.

Name of Substitute: (if applicable) _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Doctor's Note/certification of health care provider for Serious Health Condition attached:

- Yes No

Verification from doctor/certification of health care provider for Family Member's Serious Health Condition attached:

- Yes No

- Please consult the appropriate bargaining unit agreement for specific details regarding leaves
- Continue to submit month Absence Reports at the end of each month while on leave
- ALL LEAVES RUN CONCURRENTLY.
- Once this form is submitted payroll will reach out with any additional information regarding your leave usage and pay.