

CONTRA COSTA WATER DISTRICT LEAVE OF ABSENCE REQUEST

9/96

This section to be completed by the employee:

Employee: _____	Phone: _____
Department: _____	Title: _____ Employee ID: _____
<input type="checkbox"/> Initial Request	Reason for Request:
<input type="checkbox"/> Amendment _____ (Specify date of last LOA Request)	<input type="checkbox"/> Own Illness
	<input type="checkbox"/> Care for Ill Parent/Spouse/Child
	<input type="checkbox"/> Pregnancy Disability
	<input type="checkbox"/> Care for Newborn/Placed Child
	Date of Birth/Placement: _____
	<input type="checkbox"/> Work-Incurred Disability
	<input type="checkbox"/> Other: _____

Requested Start Date: _____ Anticipated return date: _____

FOR CLERICAL/MAINTENANCE EMPLOYEES ONLY - Have you or will you be filing a State Disability Insurance (SDI) or Long Term Disability Claim? yes no (C/M employees required to file a SDI claim for Non-Industrial Disability)

A leave of absence is normally leave without pay. Paid leave (accrued sick leave, vacation, etc.) shall be substituted for all or a portion of the unpaid leave in accordance with the appropriate MOU provisions, District policies/contracts.

I wish to use paid leave as indicated below: (attached additional sheets if necessary)

_____ Hours of accrued sick leave	Begins on _____ and ends on _____
_____ Hours of accrued vacation	Begins on _____ and ends on _____
_____ Hours of other leave: _____	Begins on _____ and ends on _____
(Please specify leave type)	

Employee's Signature _____ Date: _____ Phone: _____

This section to be completed by employee's supervisor, department manager, and/or division manager

APPROVAL/DENIAL OF LEAVE REQUEST

<input type="checkbox"/> Your request is approved and _____/____ days/weeks qualify as FML leave under Federal law*	Begins on _____ and ends on _____
_____/____ days/weeks qualify as FML leave under State law*	Begins on _____ and ends on _____
_____/____ days/weeks qualify as (specify)	Begins on _____ and ends on _____

* Please refer to the attached notice of Your Rights and Obligations Under the Federal Family and Medical Leave Act of 1993. Contact Human Resources for additional information on these laws/policies.

Family and Medical Leave

Your requested leave for family or medical purposes does not meet the requirement under Federal/State law for the following reason(s):

Other Leaves

Your requested leave is not approved for the following reason(s):

PAY STATUS DURING LEAVE

Sick Leave _____ hours to be applied	Begins on _____ and ends on _____
Extended Sick Leave _____ hours to be applied	Begins on _____ and ends on _____
Vacation _____ hours to be applied	Begins on _____ and ends on _____
Other: _____ hours to be applied	Begins on _____ and ends on _____
Leave without pay _____ hours to be applied	Begins on _____ and ends on _____

(Attach additional sheets if necessary.)

Supervisor's signature: _____ Date: _____ Dept. Mgr. signature: _____ Date: _____

Division Manager's signature: _____ Date: _____

ONLY REQUIRED FOR DISCRETIONARY LEAVE or PREGNANCY LEAVE LONGER THAN 4 MONTHS

General Manager's signature: _____ Date: _____

PRIVACY NOTIFICATION

SfA1E

The State of California Practices Act of 1977(effective July 1, 1978) requires the District to provide the following information to individuals who are asked to supply information.

The principal purpose for requesting information on this form is to process requests for leave of absence. The Federal Family and Medical Leave Act of 1993 and District policy authorize maintenance of this information.

Furnishing all information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form may be used by various District departments for benefits, payroll and personnel administration, and will be transmitted to the Federal and State government as required by law.

Individuals have the right to review their own records in accordance with District personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from the District's **Human** Resources Division.

The officials responsible for maintaining the information contained on this form are the Department Manager and Human Resources Manager.