Diocese of Sacramento - Human Resources Services
Employee Request for Leave

Employee Name _____Parish/School/Dept._____

A leave longer than one week should be requested at least thirty days in advance, except in extraordinary circumstances.

UNPAID LEAVE

(Sick pay and/or vacation pay may be used for certain approved leaves)

____ Medical/Family Leave
- □ Serious health condition of Self
- □ Serious health condition of Spouse
- □ Serious health condition of child/parent
- □ Baby Bonding

____ Pregnancy Disability Leave
____ Leave for the Ineligible Employee

UNPAID LEAVE

____ Military Leave
____ School Visits/Activities
____ School Conferences Involving Suspension
____ Volunteer Firefighters, Reserve Peace Officers, Emergency Rescue Personnel
____ Crime Victim Leave
____ Time off Due to Domestic Violence or Sexual Assault
____ Time Off for Literacy Education
____ Other

Please refer to Chapter IV of the LAY PERSONNEL HANDBOOK for further explanation of these benefits.

Request for leave from _____to _____in increments of_____

_____

Health Benefits

____ I agree to have my participation in the insurance benefit plan deducted from my integrated pay at the current rate of _____ per month or _____ per pay period during my approved leave.

____ I agree to reimburse my employer for my continued participation in the insurance benefit plan at the current rate of _____ per month when I no longer have integrated sick or vacation pay available.

Employee Signature_____ Date_____

COPY TO PAYROLL: PT 400 / PT 401 Response to Leave Request / Medical Certification