

**Diocese of Sacramento - Human Resources Services
Employee Request for Leave and Approval**

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

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(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

- _____ 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 when I no longer have integrated sick or vacation pay available.

Please be advised (check if applicable):

___ You ___ did ___ did not choose to apply any unused vacation time during MFL. If chosen, SDI/PFL payments will be integrated with vacation pay while on leave.

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___ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, our return to work may be delayed until certification is provided. A list of the essential functions of your position **__ is __ is not** attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

- ___ Your MFL request is approved. All leave taken for this reason will be designated as MFL.
 - ___ Your MFL request is Not Approved.
 - ___ Your MFL does not apply to your leave request.
 - ___ You have exhausted your MFL entitlement in the applicable 12-month period.
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(Employee Signature)

(Date)

(Supervisor Signature)

(Date)