

BAKERSFIELD CITY SCHOOL DISTRICT

Education Center - 1300 Baker Street

Bakersfield, California 93305

Personnel Services

REQUEST FOR FAMILY/MEDICAL LEAVE

This form is to be used exclusively for requesting leave under the Family and Medical Leave Act of 1993. To be eligible for such leave, an employee must meet the following qualifications:

1. *The employee must have been employed for 12 months.*
2. *During the immediately preceding 12 month period, the employee must have rendered 1,250 hours of service.*

Leaves are for a maximum of 12 weeks and are assumed to be consecutive unless intermittent or reduced leave schedule (for medical leaves only) is attached. Requests for leave due to employee's own serious health condition that causes the employee to be unable to perform the functions of his/her position should be made using the "Request for Medical Leave" form.

Employee's Full Name _____

Site _____ Position _____

I request a Family/Medical Leave for the following reason (check one):

- _____ A. The birth of a child and/or in order to care for such child. Date of birth _____
Effective dates: From _____ through _____
- _____ B. The placement of a child for adoption or foster care. Date of Placement _____
Effective dates: From _____ through _____
- _____ C. In order to care for an immediate family member because such family member has a serious health condition. Check one: Child Spouse Parent
(Physician Certification must be completed)

PHYSICIAN CERTIFICATION

Leave is required from _____ through _____

Please include specific beginning and ending dates which may be amended in writing as necessary. Do not disclose the medical diagnosis.

Doctor's Comments/Additional Info _____

Doctor's Name (Type/Print) _____ Lic. No. _____

Address _____ Telephone _____

Doctor's Signature _____ Date _____