

BAKERSFIELD CITY SCHOOL DISTRICT

Education Center - 1300 Baker Street

Bakersfield, California 93305

Personnel Services

REQUEST FOR MEDICAL LEAVE

This form is to be used for requesting medical leave which exceeds ten days. Unless otherwise notified by the District, leaves properly requested, using this form or an acceptable alternative document may be recommended for approval without further notification to employee.

Employees eligible for leave under the Family and Medical Leave Act of 1993 must also use this form to request leave due to employee's own serious health condition that causes the employee to be unable to perform the functions of his/her position. 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.*

If requesting intermittent or reduced leave, please attach schedule.

Employee's Full Name _____

Site _____ Position _____

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. Do not include time for child care or preparation for childbearing in this statement. A doctor's release will be required for return to duty.

Doctor's Comments/Additional Info _____

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

Address _____ Telephone _____

Doctor's Signature _____ Date _____