



**STOCKTON UNIFIED SCHOOL DISTRICT**

**RISK MANAGEMENT**  
701 North Madison Street  
Stockton CA 95202

Phone (209) 933-7110 · E-Fax (209) 933-6526

**FAMILY CARE & MEDICAL LEAVE/ CALIFORNIA FAMILY RIGHTS ACT LEAVE  
FMLA/CFRA and Baby Bonding LEAVE REQUEST FORM**

Name: \_\_\_\_\_ SUSD ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Position: \_\_\_\_\_

Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work schedule: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

I am requesting FMLA/CFRA for the period indicated:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Reason for requesting FMLA/CFRA:

\_\_\_\_\_  
\_\_\_\_\_

**I understand that this leave shall run concurrent with any other leave, paid or unpaid, to which I am otherwise entitled, in compliance with Board Policy 4161.8/4261.8/4361.8.  
I further understand that if I do not return at the conclusion of my FMLA/CFRA, I will reimburse the District for the cost of medical benefits during my leave.  
I understand that if I am on Unpaid FMLA/CFRA it will result in a pay deduction.  
I have attached the required doctor's statement and/or other pertinent documentation supporting this leave request.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Risk Management Use Only:**

**Notes:**

**Approved: Yes/No**

**FMLA/CFRA days requested:** \_\_\_\_\_

**Days Used:** \_\_\_\_\_

**Balance Available:** \_\_\_\_\_

**Verified by** \_\_\_\_\_