



## STOCKTON UNIFIED SCHOOL DISTRICT

### RISK MANAGEMENT

56 S. Lincoln Street

Stockton CA 95203

Phone (209) 933-7110 • Fax (209) 933-6526

### FAMILY CARE & MEDICAL LEAVE/ CALIFORNIA FAMILY RIGHTS ACT LEAVE FMLA/CFRA REQUEST FORM

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

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

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

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

Hours Worked: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

I am requesting FMLA/CFRA for the period indicated:

Start Date: \_\_\_\_\_ Return to work date: \_\_\_\_\_

Reason for request of FMLA/CFRA (*if caring for a family member indicate relationship, if caring for a "designated person" please complete the designated person form*):

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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 may be responsible to 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.

#### Risk Management Use Only:

Approved ☐

Disapproved: ☐

(12 months with SUSD and 1250 hours physically worked  
in the past 12 months)

**Designated Person:** (circle) yes or no  
(if yes signed form is required)

# of FMLA/CFRA days available: 60 day

# of FMLA/CFRA days Used \_\_\_\_\_

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