Stockton Unified School District
Since 1852

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 (EMPLOYEES OWN MEDICAL CONDITION)

Name: _____ SUSD ID #: _____

Address/City/State/Zip Code:

_____

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 Intermittent Leave is needed, indicate in this area)*

_____

_____

_____ _____

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)

# of FMLA/CFRA days available: ___60 day_____
# of FMLA/CFRA days Used_____

Balance Available _____