

Perris Union High School District

Family Medical Leave Request

Instructions for filing out the form:

Complete the entire form. If you are requesting intermittent or reduced schedule, you must indicate the intermittent schedule to be worked (i.e. number of hours per day, begin date and end date of intermittent schedule).

Sign, date and return form to the Human Resources Department.

Employee: _____ Employee ID: _____
Home Mailing Address: _____
Home Phone: _____
Work Site: _____ Work Phone: _____
Position: _____

Please check reason for leave of absence:

<input type="checkbox"/> Own serious health condition (not work related)	<input type="checkbox"/> Care for newborn/placed child
<input type="checkbox"/> Pregnancy disability	<input type="checkbox"/> Care for parent/spouse/child w/serious health condition

Requested Start Date: _____ Anticipated Return to Work Date: _____

Intermittent or reduced work schedule (describe): _____

A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, and compensatory time off). Use of paid leave will be required in accordance with applicable Education Code, Board Policy and Bargaining Agreements.

Employee signature: _____ Date: _____