

CITY OF CHICO
LEAVE OF ABSENCE REQUEST FORM

Employee Name	Employee #	Form Provided On

EMPLOYEE REQUEST

You may be eligible for a leave of absence. To help us determine your eligibility and to help you understand your rights and responsibilities under the applicable laws and policies, please complete the following.

Type of Leave Being Requested: _____ Continuous Leave of Absence _____ Intermittent Leave of Absence

I need a Leave of Absence From: _____ **Through:** _____ **For The Following Reason:**

_____ For the birth of a child, or the placement of a child for adoption or foster care.

Due Date/Date of Birth/Date of Placement: _____

_____ Because of my own serious health condition which prevents me from performing my job

_____ To care for my _____ spouse, _____ child, or _____ parent with a serious health condition

_____ Bereavement Leave:

Name of Deceased: _____ Relationship: _____

Date of Death: _____ Date of Memorial Service/Funeral: _____

_____ Military Leave

_____ Other reason, please specify: _____

Additional Requests Related to My Need for A Leave of Absence:

_____ I would like to utilize leave accruals during my period of leave

_____ I would like to explore the possibility of continuing to work in modified duty instead of taking a leave of absence

_____ Other, describe: _____

I Can Be Reached at The Following Address, Phone Number, and Email Address During My Leave:

Address: _____

Phone #: _____ Email: _____

Employee Acknowledgement: I certify that my need for leave, as stated above, is accurate and truthful to the best of my knowledge. I have read, understand, and agree to the conditions as stated on this form and in my Employee Contract/Agreement. I will inform the City of Chico of any changes in my status or need for a leave of absence. I acknowledge the receipt of the Department of Labor Fact Sheet. In the event that I do not return to work on the date specified above, or request a leave extension, I understand that I have voluntarily resigned my employment with the City.

Employee's Signature: _____ **Date:** _____

Department Director/Designee Acknowledgement: _____ **Date:** _____

HUMAN RESOURCES & RISK MANAGEMENT RESPONSE

_____ **Leave is APPROVED Under the Following Conditions:** When an employee needs a leave of absence because of their own serious health condition (or that of a spouse, parent, or child), medical certification verifying the need for leave must be received within 15 days from the date of request. The approval of leave is tentative until medical certification is received confirming eligibility for a leave of absence.

An approved leave of absence will count against the employee's leave entitlement under the applicable laws and policies:

- | | |
|--|--|
| <input type="checkbox"/> Family & Medical Leave Act | <input type="checkbox"/> California's Workers' Compensation Law |
| <input type="checkbox"/> California Family Rights Act | <input type="checkbox"/> City of Chico's Leave Policies and applicable MOUs |
| <input type="checkbox"/> California Pregnancy Disability Act | <input type="checkbox"/> Reasonable Accommodation - Unprotected Leave of Absence |

Other Conditions/ Comments: _____

_____ **Leave is DENIED Because:** _____

Human Resources Manager/Designee Signature: _____ **Date:** _____

EMPLOYEE INSTRUCTIONS:

As soon as you are aware of your need for a Leave of Absence, you are required to inform your Supervisor and/or the Human Resources & Risk Management Office. It is reasonably expected that the City be notified thirty (30) days prior to the start of your leave.

All leave requests must be signed off on and acknowledged by your Department Director or designee. The leave request will be approved by the Human Resources & Risk Management Office.

Failure to properly notify the City and/or provide Certification of a Serious Health Condition may result in the denial of your leave request.

- Step 1: Provide timely notification to your Supervisor and/or the Human Resources & Risk Management Office.
- Step 2: Complete the LEAVE OF ABSENCE REQUEST FORM
- Step 3: Have your treating physician complete the CERTIFICATION OF SERIOUS HEALTH CONDITION. This document MUST be returned within 15 calendar days.
- Step 4: Discuss the various salary options, including Short Term Disability, for your Leave Period with the Human Resources & Risk Management Office. Please note, in the event that your leave is approved as an "Unpaid Leave of Absence", you may be responsible for all medical insurance premiums.
- Step 5: Keep your Supervisor informed of your return to work date and any leave accruals you would like to utilize.
- Step 6: If the approved leave is for your OWN serious health condition, you will be required to provide a RELEASE TO RETURN TO WORK STATEMENT from your treating physician.

SUPERVISOR/DEPARTMENT INSTRUCTIONS:

Once you are notified of an employee's need for a Leave of Absence – please contact the Human Resources & Risk Management Office immediately.

Have the employee complete the LEAVE OF ABSENCE REQUEST FORM, have the Department Head/Designee sign in the "acknowledgement" section, and forward the original document to the Human Resources & Risk Management Office. Upon receipt of the SERIOUS HEALTH CONDITION FORM the Human Resources & Risk Management Office will authorize the leave and provide written notification to the requesting department. The written notification will include approval, leave status, dates, etc.

Reminder, as the employer we only need a physician's certification of the serious health condition – we do NOT need to know the nature of the health condition.

The employee will be required to submit a RELEASE TO RETURN TO WORK STATEMENT if the leave of absence was for their own serious health condition. This statement must be provided prior to returning to work.

In the event that an employee provides a RELEASE TO RETURN TO WORK STATEMENT that indicates work restrictions, please coordinate with the Human Resources & Risk Management Office to arrange an American's with Disabilities Act Interactive Process meeting.

In the event that an employee wishes to apply for Short Term Disability – please direct them to the Human Resources & Risk Management Office for paperwork processing.

Please forward all original information/documents to the Human Resources & Risk Management Office.