



Great Schools
Successful Kids

FULLERTON SCHOOL DISTRICT CLASSIFIED PERSONNEL

REQUEST FOR FAMILY MEDICAL LEAVE/CALIFORNIA FAMILY RIGHTS LEAVE*

NAME: _____ DATE: _____

CLASSIFICATION: _____

SITE: _____ HIRE DATE: _____

I request a Family Medical Leave/California Family Rights Leave for the following reason (please check one):

- _____ For incapacity due to pregnancy, prenatal medical care or child birth
- _____ To care for the employee's child after birth, or placement for adoption or foster care
- _____ To care for the employee's child, spouse or parent who has a serious health condition
- _____ For the serious health condition that makes the employee unable to perform the employee's job

**Employee should provide 30 day advance notice of the need to take FMLA leave when the need is foreseeable; notice must be given "as soon as practicable" when the need is not foreseeable.*

METHOD OF LEAVE REQUESTED

- _____ Consecutive Leave
- _____ Intermittent or Reduced Schedule Leave (Specify schedule below)
- _____
- _____
- _____

Date leave is to begin: _____ Expected duration of leave: _____

To be eligible for FMLA Leave you must have worked for at least one year prior to the leave and provided at least 1250 hours of service during the 12 months before leave commences.

Personnel Commission rules regarding leave eligibility and coverage can be found on the Fullerton School District web site under Classified Personnel/Personnel Commission. The web site address is: www.fsd.k12.ca.us. Please refer to these rules for additional information concerning FMLA/CFRL and other types of leaves. This item is found under Chapter 130.18 in the *Personnel Commission Rules & Regulations*. A copy of the rules can also be obtained in the Classified Personnel Department.