

Request for Leave of Absence
Sacramento Employment and Training Agency

Employee Name: _____ REVISED 3/13/12

Job Title: _____

Mailing Address (while on leave): _____

Home Phone Number: _____ Work Phone Number: _____

Name of Supervisor: _____ Phone Number of Supervisor: _____

Type of Leave Requested:

- ☐ Personal (attach specific reasons) ☐ Parental (attach parental form and medical verification)
- ☐ Family Care (attach family leave forms and medical verification)
- ☐ Illness or injury (attach medical verification) ☐ Pregnancy (attach medical verification)
- ☐ Educational (attach educational leave form) ☐ Union (attach specific reasons)

Leave of Absence requested from _____ to _____.
(DATE) (DATE)

Employee Statement:

I understand that I am scheduled to return to work on _____ (DATE), without further notice. If I do not return to work on the above date, or if I do not request an extension of my leave, and receive written approval prior to the expiration of my leave, I will be subject to disciplinary action, up to and including termination.

I understand that my leave of absence (with or without pay) may affect: my leave balances and accruals; holiday pay; continuation and/or payment of medical, dental, life insurance premiums and benefit coverage; and retirement contributions.

I further understand that I will be responsible for contacting the Personnel Unit and/or Payroll Unit regarding the specific details that pertain to my leave request, including my return rights.

I understand that this leave of absence may be revoked by the Director if the reason for granting such a leave was misrepresented or has ceased to exist.

I understand that further supporting documentation will be required before this leave is processed.

EMPLOYEE SIGNATURE

DATE

FOR OFFICE USE ONLY

☐ ORIGINAL REQUEST

☐ EXTENSION/# _____

☐ DATE APPROVAL LETTER SENT _____

EMPLOYEE FMLA QUALIFIED: ☐ YES ☐ NO

FMLA QUALIFYING EVENT: ☐ YES ☐ NO

DATE EMPLOYEE NOTIFIED: _____

Original to ☐ Employee cc: ☐ Payroll ☐ Personnel

Approval of Leave of Absence:

MANAGER

DATE

☐ Return Rights

CHIEF/DEPUTY DIRECTOR

DATE

☐ Permanent Replacement

EXECUTIVE DIRECTOR

DATE