Diocese of Sacramento - Human Resources Services
Employee Request for Leave and Approval

Employee Name _____Parish/School/Dept._____

A leave longer than one week should be requested at least thirty days in advance, except in extraordinary circumstances.

UNPAID LEAVE

(Sick pay and/or vacation pay may be used for certain approved leaves)

____ Medical/Family Leave
- Serious health condition of Self
- Serious health condition of Spouse
- Serious health condition of child/parent
- Baby Bonding

____ Pregnancy Disability Leave
____ Leave for the Ineligible Employee

UNPAID LEAVE

____ Military Leave
____ School Visits/Activities
____ School Conferences Involving Suspension
____ Volunteer Firefighters, Reserve Peace Officers, Emergency Rescue Personnel
____ Crime Victim Leave
____ Time off Due to Domestic Violence or Sexual Assault
____ Time Off for Literacy Education
____ Other

Please refer to Chapter IV of the LAY PERSONNEL HANDBOOK for further explanation of these benefits.

Request for leave from _____to _____in increments of_____

_____

Benefits while on leave

____ I agree to have my participation in the insurance benefit plan deducted from my integrated pay at the current rate of _____ per month or _____ per pay period during my approved leave. I agree to reimburse my employer for my continued participation in the insurance benefit plan when I no longer have integrated sick or vacation pay available.

Per our Medical / Family Leave policy, any unused accrued sick leave will be applied. State Disability Insurance (SDI)/Paid Family Leave (PFL) payments will be integrated with sick pay so that total compensation while on leave does not exceed regular pay. Use of sick leave to address illnesses of a child, parent or spouse is limited to 50% of your accrued sick leave balance.

____ I agree to apply any unused vacation time during MFL after accrued sick leave has been exhausted.

_____ _____

(Employee Signature) **(Date)**

COPY TO PAYROLL: PT 400 and Medical Certification

Supervisor Approval

Please be advised (check if applicable):

___ You __ did __ did not choose to apply any unused vacation time during MFL. If chosen, SDI/PFL payments will be integrated with vacation pay while on leave.

___ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, our return to work may be delayed until certification is provided. A list of the essential functions of your position __ **is** __ **is not** attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

___ Your MFL request is approved. All leave taken for this reason will be designated as MFL.
___ Your MFL request is Not Approved.
___ Your MFL does not apply to your leave request.
___ You have exhausted your MFL entitlement in the applicable 12-month period.

(Supervisor Signature) **(Date)**