



CITY OF RED BLUFF

Request for Leave of Absence Form

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR SUPERVISOR 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION

Employee Name (First, Last, Middle Initial)			
Home Address	City	State	Zip
Job Title/ Department	Telephone Number _____ <input type="checkbox"/> HOME <input type="checkbox"/> CELL		

ABSENCE INFORMATION

<input type="checkbox"/> This is a new request.	<input type="checkbox"/> This is an update to an existing request.
Requested Start Date:	Anticipated Return Date:

TYPE OF LEAVE

<input type="checkbox"/> Extended Leave of Absence	<input type="checkbox"/> Intermittent Absence (information required below)
<p><i>For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.</i></p>	

REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below.

Employees Own Serious Health Condition (**not work related**)*

Care for Ill Parent, Spouse, Child or Domestic Partner* (See Coordination of Benefits Authorization Form)

*** For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.**

A completed Medical Certification form is attached.

I will submit a Medical Certification form within 15 days to my department.

Workplace Injury / Worker's Compensation

Pregnancy Leave

Baby Bonding (Care for Newborn/Placed Child) ◦

Child-caring (Care for Newborn/Placed Child)

◦ Provide the Date of Birth or Placement of Child (if applicable): ____

Military Leave: Active Duty, Military Caregiver or FML

Other Medical Leave (e.g., contractual leave for extended family members or when employee is ineligible for other leaves)

Personal Leave (Non-Medical Reason)

Union Business Leave (for more than 5 days)

LEAVE OF ABSENCE CATEGORIES

A leave of absence may consist of leave without pay and/or paid leave (vacation (PTO), sick leave (ESL), and compensatory time off). Paid leave may be used in accordance with applicable policy/contracts. I request to use the following leave categories:

Type	Number of Hours	Dates: From	Through
Vacation	_____	_____	_____
Sick Leave	_____	_____	_____
Composite Leave	_____	_____	_____
Leave w/o Pay	_____	_____	_____

I have verified that I have sufficient accrued leave to take the above requested paid leave.

Employee Signature (for paper forms): _____ Date: _____	CONFIDENTIAL & TIME SENSITIVE
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CC: Payroll Date _____ Initial _____