COUNTY OF GLENN
LEAVE REQUEST FORM

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.

TO BE COMPLETED BY EMPLOYEE		
Employee's Name:	Employee ID Number:	Phone Number:
Address:		
Job Title:	Department:	Supervisor's Name:

Reason for Leave of Absence:
- ☐ Own illness (not work related)
- ☐ Pregnancy disability
- ☐ Care for newborn/ adopted child (Date of Birth/Placement) Date of Birth or placement: ____/____/____
- ☐ Leave to bond with new child (must be taken within the first year of birth)
- ☐ Care for ill parent/spouse/domestic partner//grandparent/grandchild/sibling. (Circle one)
- ☐ Care for ill child. Age of Child_____ Incapable of self-care because of a mental or physical disability: ☐ Yes ☐ No
- ☐ Military leave: Self or Family Member (Circle one)
- ☐ Other (specify) _____

Answer all:	Yes	No
Do you have County medical insurance?	☐	☐
Do you have County dental insurance?	☐	☐
Do you have County vision insurance?	☐	☐

Is this an extension of a previous leave? ☐ Yes ☐ No
If Yes, dates of original leave, From:_____ to_____

Are you currently on another leave? ☐ Yes ☐ No

Requested start date	Anticipated end date	Requested intermittent or reduced work schedule

An FMLA/CFRA leave of absence is a leave without pay. Paid leave (using accrued sick time, vacation, CTO and or Annual Leave hours) shall be substituted for the unpaid leave in accordance with the Family Medical Leave Act, California Family Rights Act and the MOU policy.

I understand that I am required to complete a FLMA/CFRA Leave Certification of Health Care Provider form and submit the form to the Personnel Department before my leave commences (within 15 days of FMLA/CFRA request). I understand that if my leave is approved, my time away from work will be charged against my 12 weeks leave maximum under FLMA/CFRA.

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 County of Glenn 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 County.

Employee's Signature: _____ Date_____

Department Head/Designee
Acknowledgement: _____ Date: _____

PART C: Approval: TO BE COMPLETED BY THE COUNTY OF GLENN PERSONNEL DEPARTMENT

____ Leave is APPROVED **____ Leave is DENIED**

_____

Personnel Director or Designee: _____ Date: _____

____ FMLA **_____ CFRA** **_____ PDL** **_____ DHL**

GCPER-14 FORM INSTRUCTIONS

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 Personnel Office. It is reasonably expected that the County be notified thirty (30) days prior to the start of your leave, if possible. When the need for leave is foreseeable less than 30 days in advance or is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances..

All leave requests must be signed off on and acknowledged by your Department Head or designee. The leave request will be approved by the Personnel Director/Designee.

Failure to properly notify the County 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 Personnel Office.
Step 2: Complete the LEAVE REQUEST FORM (GCPER-14) and the COORDINATION OF BENEFITS FORM.
Step 3: Have your treating physician complete the CERTIFICATION OF SERIOUS HEALTH CONDITION (GCPER-30). 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 Personnel Department. 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.
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 (GCPER-31) from your treating physician.

SUPERVISOR/DEPARTMENT INSTRUCTIONS:

Once you are notified of an employee's need for a Leave of Absence – please contact the Personnel Office immediately.

Have the employee complete the LEAVE REQUEST FORM (GCPER-14) and the COORDINATION OF BENEFITS FORM, have the Department Head/Designee sign in the "acknowledgement" sections, and forward the original documents to the Personnel Office. Upon receipt of the SERIOUS HEALTH CONDITION FORM (GCPER-30) the Personnel Director will authorize the leave and provide written notification to the requesting department. The written notification will include approval, leave status, dates, etc.

If the leave has been approved, please complete a SALARY ACTION (GCPER-37) changing the employee's status to their approved leave type. When the employee returns to work, another SALARY ACTION will need to be completed.

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 (GCPER-31) 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 Personnel Department to arrange an American's with Disabilities Act Interactive Process meeting.

While an employee is on a leave of absence, all timesheets MUST be forwarded to the Personnel Office for leave tracking purposes.

In the event that an employee wishes to apply for Short Term Disability – please direct them to the Personnel Office for paperwork processing.

Please forward all original information/documents to the Personnel Office.