



Employee Request for Family Medical Leave

EmployeeName: _____ EmployeeID#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home / Cell Phone: _____ Office Phone: _____ Employee Email: _____

Department: _____ Campus: _____ Supervisor/Manager: _____

Please check the appropriate box based on your current situation:

- Birth and Care of your child**
- Adoption or Foster Care Placement of your child**
- Serious Health Condition**
 - My own
 - My spouse
 - My registered domestic partner
 - My parent
 - My grandparent
 - My grandchild
 - My sibling
 - My child, Age of child: _____
- Military Caregiver Leave**
 - I am the spouse of the Service Member
 - I am the parent of a Service Member and stand in loco parentis of the Service Member
 - I am the son or daughter of the Service Member
 - I am the Next of Kin of the Service Member
- Military - Qualifying Exigency Leave**
 - My spouse
 - My registered domestic partner
 - My child
 - My parent

Dates Requested for Family Medical Leave or Military Caregiver/Qualifying Exigency Leave

Start Date: _____ End Date: _____

My FMLA dates are unscheduled I am requesting Intermittent Leave

Additional Information:

- A leave request based on the birth of a child, an employee’s serious health condition, or the serious health condition of an employee’s family member must be accompanied by a Certification of Health Care Provider. The District has the right to ask for 2nd and 3rd certifications if there is reason to doubt the validity of the certification.
- A leave request for Military Caregiver leave must be accompanied by Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave.
- SDCCD considers an employee’s eligibility for FMLA leave under a “rolling” 12-month period measured backward from the date an employee uses any FMLA leave.
- FMLA is unpaid leave; however, employees may use their available paid leave in conjunction with FMLA.

To be completed by the employee and returned to: Human Resources, Employee Services

3375 Camino del Rio South #380, San Diego, CA 92108

Phone: 619-388-6593 | Fax: 619-388-6899 | Email: zgarcia@sdccd.edu

Employee Signature: _____ Date: _____