



EMPLOYEE'S REQUEST FOR LEAVE

FOR A SERIOUS HEALTH CONDITION OF THE EMPLOYEE OR A FAMILY MEMBER

UNDER THE FAMILY AND MEDICAL LEAVE ACT

(This form should be completed and submitted to the Benefits Office upon first knowledge of impending leave or as soon as possible)

FROM (EMPLOYEE'S NAME): _____

Department: _____ Position: _____

Name of your Supervisor: _____

Phone: Work: _____ Home: _____

Address/City/Zip: _____

SUBJECT: REQUEST FOR LEAVE OF ABSENCE

According to the **Family/Employee Medical Leave Act**, the City of Bakersfield is required to provide up to 12 weeks of unpaid, job-protected leave to all employees who have worked for the City of Bakersfield for at least 12 months, and have worked at least 1,250 hours in the 12 months preceding the leave.

I would like to request a leave of absence for the following period of time and medical reason.

For self; _____

Or dependent family member. A family member is the employee's spouse, children, mother or father:

Relationship: _____

Leave to begin on or about: _____

And end on or about: _____

For the purpose of: _____

Some of these dates are subject to change depending on circumstances beyond my control and the dates my doctor determines that I am disabled and/or I am able to return to work.

(For maternity leaves, you are eligible for up to 6 months leave with doctor certification.)

PLEASE READ: I understand that I am obligated to pay my share of all insurance premiums during the leave, unless I decline insurance coverage in writing to the Benefits Office. If you decline benefits at this time you will not be able to re-enroll until the next Open Enrollment unless you experience a Qualifying Event.

I understand that in accordance with the City policy on FMLA, the time used for this purpose will be coordinated with accrual of time off on the books. Order of accrual usage: sick leave, vacation, floating holiday.

Please signify your approval by signing below.

Employee's Signature

Date

Supervisor and/or Division Manager

Date

Department Head

Date

Benefits Division

Date