



**CITY OF PETALUMA
FAMILY, MEDICAL, OR PREGNANCY LEAVE
REQUEST AND RESPONSE**

Under City policy, the federal Family Medical Leave Act (FMLA) and the state California Family Rights Act (CRFA), and/or the California Pregnancy Disability Leave (PDL) you may request an unpaid leave of absence or reduced work schedule.

Attached are copies of the U.S. Department of Labor Family and Medical Leave Act Advisor – Frequently Asked Question & Answers and the State of California Family Rights Act (CFRA) and Pregnancy Leave brochure for your review. You should also refer to the applicable sections of your Memorandum of Understanding or Compensation Plan.

To request such leave, please complete the employee section of this leave request form and attach a **medical certification** and forward to Human Resources for processing.

You may elect to use accrued vacation, compensatory time and/or sick leave hours for your leave as permitted under the law, policies, or your Memorandum of Understanding or Compensation Plan.

To be completed by Employee

I. Leave Request

Employee Name	Position	Department
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I am requesting Family/Medical Leave for:

- the birth of my child or the placement of my adopted or foster child in my home.
- a serious health condition that I need care for.
- a serious health condition affecting my spouse child parent, for which I need to provide care

Pregnancy, leave during any period of time the woman is physically unable to work because of pregnancy or a pregnancy-related condition.

other _____

I am requesting a leave for the period of:

_____ to _____

Attached is my medical certification.

Employee's Signature

Date

II. Leave Response

Your request for leave is approved for the period _____ to _____

Your approved leave will be counted towards your _____ FMLA _____ CFRA _____ PDL leave entitlement

Records indicate that you have the following leave balances as of: _____

_____ sick leave hours _____ vacation hours _____ comp time hours

Please advise your Department how many accrued sick leave and vacation hours you wish to use.

Your request for leave is not approved because:

Human Resources (Authorizing Signature)

Date

Attachments:

Original – Leave File

Copy – Employee