

Natomas Charter School

Employee Request for Family/Medical Leave/PDL

Family and Medical Leave Act (“FMLA”)
California Family Rights Act (“Cal-FMLA”)

Date: _____

1) REQUEST FOR FAMILY/MEDICAL LEAVE

I’m providing the school with written notification of my need to take family/medical leave due to:

- The birth of a child, or the placement of a child with me for adoption or foster care; or
- A serious health condition that makes me unable to perform the essential functions of my job; or
- A serious health condition affecting my spouse, child, parent, for which I am needed to provide care.

I am requesting this leave beginning on or about _____ and I expect this leave to
(Date)
continue until on or about _____.
(Date)

2) PREGNANCY DISABILITY LEAVE (if FMLA request is due to birth of a child)

I’m also notifying the school that I wish to claim any period of pregnancy-related disability as pregnancy disability leave prior to using FMLA leave. I expect this leave to begin on or about _____ and end on or about _____.
(Date) (Date)

If requested, I will provide medical certification of my pregnancy disability as required by the school.

3) INTENT TO RETURN

I do do not intend to return to my position at the school after the end of my leave.

Employee Name (Print)

Signature