

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)

Please provide medical certification of your pregnancy disability.

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