



Leave of Absence Request Checklist

Employee Name: _____ **Date:** _____

Work Site: _____

Leave of Absence Information:

	Fill out the Request for Leave of Absence (PSL-F004) form, and return to us as soon as possible.
	Attach a doctor's note that states the beginning date and end date of your leave if your leave is due to a serious illness, illness, child birth, and/or health condition for yourself/ for family member.
	<u>Attach document(s):</u>
	Enrollment in school/proof of registration in classes.
	If adopting, court documents.
	Other:
	When your doctor releases you to come back to work, please provide us with a release to return to work note from the doctor, and Return From Leave of Absence (PSL-F095) form.
	If you need to continue to be on leave, please fill out another request to go on leave along with a doctor's note attached with the request to extend. Please make sure that the note has the dates to extend the leave.

Doctor's Note Must Have:

	Start Date of Absence		6 Wks or 8 Wks Postpartum (pregnancy)
	Expected Date of Delivery (pregnancy)		Expected Date of Return to Work
	Other:		

Additional Information:

Our Address:

Sacramento City Unified School District
Human Resource Services, Box 770
P. O. Box 246870
Sacramento, CA 95824-6870

Leave Contacts:

Human Resource Services Analysts
(Refer to School/Department Listing)
Fax Number: (916) 399-2016

Benefits Office (if you have questions):

Main Number: 916-643-9432 You have 30 days to put baby on benefits
 For questions contact: _____