ADMINISTRATIVE EMPLOYEE REQUEST FOR LEAVE and LEAVE PROTECTIONS

Name: _____ ID#: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Contact No.: _____ Email: _____ Dept.: _____

This leave is a: … New Request   … Request to Extend a Leave   … Change to a scheduled leave

Conti203n995(w)l3a99Re(R)e3998(e)2o998u(q)6 Tf.3 e7584 9Q2396Form [C6MCI(D)Tj9TMGBE2C*/fTBT9.96Tf1 215493585768.26 79129511243

_____   _____

Type of leave Requested (Check all That Apply)

Medical Leave (...)

My Medical Leave is for:
- … My Own Illness or Care
- … Child Bonding or Assumption of Child Rearing
  (Birth/Placement Date: _____
     … My spouse/partner is a District employee also taking child bonding leave
- … Pregnancy Disability Leave (PDL) or Related Condition
- … Care for a Qualifying Family Member with a serious health condition

State relationship and type of care to be provided
_____

… This is a Work Related injury/illness

… During my leave I would like to supplement my pay by using my accrued:
   …

… Military Exigency Related to Deployment

Other leave types:

…