

FMLA (Family Medical Leave Act) Absence Request

Employee ID: Name (Last, First):					Date:			CERTIFICATED CLASSIFIED		
Location #: School/Dept.: Posit							sition Title: FOOD SERVICES			
Prior to submitting this form to your Timekeeper, an FMLA approval must be obtained through Human Resources. For more information and for a link to the FMLA Request Form, please go to the FMLA page found on the Human Resources Department page of the SDUSD website, or click <u>HERE</u> .										
Type of FMLA Leave										
This form is to request independent leave occurrences. Do not use to request a traditional FMLA Leave of Absence. Indicate the reason for requesting this FMLA Leave:										
Self-care Care for a family member										
Indicate the type of FMLA Absences that you are requesting:										
Paid Family Medical Leave (Code: FML) Unpaid Family Medical Leave (Code: FMU)									le: FMU)	
Leave Requested										
For PAID leave (Code: FML) For UNPAID leave (Code: FMU)									le: FMU)	
List leave periods, hours, and indicate the type of leave to be used (Vacation, Sick, etc.). Define work hours for any partial day absences in the "Comments" field. Timekeeper: Enter the time below using the Time Reporting Code: FML. Then, on a second line enter the time again with the code that corresponds to the chosen Type of Leave (VAC, SLF, etc.).					List leave periods and hours. Include work-hours information for any partial day requests. Define work hours for any partial day absences in the "Comments" field. Timekeeper: Enter the time below on a single line using the Time Reporting Code: FML.					
Date From	Date To	Total Hours	Type of Leave	Comments	Date From	Date To	Total Hours	Type Of Leave	Comments	
								Unpaid		
								Unpaid		
								Unpaid		
								Unpaid		
								Unpaid		
Тос	cancel/ch	ange a pre	evious reque	est, list cancelled da	ates:					
Authorizations										
*An official FMLA approval letter issued by Human Resources must be attached to this request.										
Employee Signature Date										
Supervisor Signature Date										
Timeke	Timekeeper Signature Date Entered									

Timekeeper: After entering time, please submit a copy of this form to Payroll for auditing purposes. Retain original card at your site.