

**Diocese of Sacramento - Human Resources Services  
Employee Request for Leave and Approval**

Employee Name \_\_\_\_\_ Parish/School/Dept. \_\_\_\_\_

**A leave longer than one week should be requested at least thirty days in advance, except in extraordinary circumstances.**

**UNPAID LEAVE**

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**(Sick pay and/or vacation pay may be used for certain approved leaves)**

- \_\_\_\_\_ Medical/Family Leave
  - Serious health condition of Self
  - Serious health condition of Spouse
  - Serious health condition of child/parent
  - Baby Bonding
- \_\_\_\_\_ Pregnancy Disability Leave
- \_\_\_\_\_ Leave for the Ineligible Employee

- \_\_\_\_\_ Military Leave
- \_\_\_\_\_ School Visits/Activities
- \_\_\_\_\_ School Conferences Involving Suspension
- \_\_\_\_\_ Volunteer Firefighters, Reserve Peace Officers, Emergency Rescue Personnel
- \_\_\_\_\_ Crime Victim Leave
- \_\_\_\_\_ Time off Due to Domestic Violence or Sexual Assault
- \_\_\_\_\_ Time Off for Literacy Education
- \_\_\_\_\_ Other

*Please refer to Chapter IV of the LAY PERSONNEL HANDBOOK for further explanation of these benefits.*

Request for leave from \_\_\_\_\_ to \_\_\_\_\_ in increments of \_\_\_\_\_

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**Benefits while on leave**

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\_\_\_\_\_ I agree to have my participation in the insurance benefit plan deducted from my integrated pay at the current rate of \_\_\_\_\_ per month or \_\_\_\_\_ per pay period during my approved leave. I agree to reimburse my employer for my continued participation in the insurance benefit plan when I no longer have integrated sick or vacation pay available.

**Per our Medical / Family Leave policy, any unused accrued sick leave will be applied. State Disability Insurance (SDI)/Paid Family Leave (PFL) payments will be integrated with sick pay so that total compensation while on leave does not exceed regular pay. Use of sick leave to address illnesses of a child, parent or spouse is limited to 50% of your accrued sick leave balance.**

\_\_\_\_\_ I agree to apply any unused vacation time during MFL after accrued sick leave has been exhausted.

\_\_\_ I will be applying for State Disability (SDI).

**Note:** If applying for State Disability (SDI) when completing your DI or PFL claim forms please mark “yes” to the question “May we disclose benefit payment information to your employer(s)?”. This will ensure your site is notified of the benefit you are receiving from State Disability (SDI) so the appropriate amount of sick or vacation time is applied to supplement your wages.

\_\_\_ I will **not** be applying for State Disability (SDI).

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(Employee Signature)

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(Date)

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**Supervisor Approval**

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**Please be advised (check if applicable):**

\_\_\_ You \_\_\_ did \_\_\_ did not choose to apply any unused vacation time during MFL. If chosen, SDI/PFL payments will be integrated with vacation pay while on leave.

\_\_\_ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, our return to work may be delayed until certification is provided. A list of the essential functions of your position \_\_\_ **is** \_\_\_ **is not** attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

\_\_\_ Your MFL request is approved. All leave taken for this reason will be designated as MFL.

\_\_\_ Your MFL request is Not Approved.

\_\_\_ Your MFL does not apply to your leave request.

\_\_\_ You have exhausted your MFL entitlement in the applicable 12-month period.

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(Supervisor Signature)

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(Date)