



Contra Costa County Office of Education

77 Santa Barbara Road, Pleasant Hill, CA 94523 • (925) 942-3388 • www.cocoschools.org

REQUEST FOR FAMILY CARE OR MEDICAL LEAVE OF ABSENCE

(Please complete and return to the Human Resources Director)

Name _____ SS# _____
Last First Initial

Position _____ School/Dept. _____

I hereby request a Family Care or Medical Leave of Absence for the Following Reasons

CHILD CARE LEAVE for care of (check one)

infant, adoption of child, or placement of foster child with employee.

Anticipated date of Birth/Adoption/Placement of Foster Child: _____

Leave request from: _____ through: _____

MEDICAL LEAVE for (check one)

my own serious health condition, to care for an immediate family member with a serious health condition (specify relationship _____).

Method of Leave Requested:

Consecutive, Intermittent or reduced leave schedule (Specify Schedule)

Leave requested from: _____ through: _____

PREGNANCY DISABILITY (Attach medical verification)

Anticipated date of birth: _____

Disability leave requested from: _____ through: _____

I understand that if approved this Family Care/Medical Leave of Absence is unpaid and this leave will run concurrently with any paid leave, such as maternity (not including disability pregnancy leave), sick leave, vacation, or personal necessity. I also understand that medical and dental benefits will be paid by the COE for a total period of 12 weeks.

I understand that I must contact my supervisor if I wish to request additional unpaid leave after the 12 weeks of FMLA is exhausted. Continuation of benefits will be at my own expense.

Employee's Signature _____
Date

ADMINISTRATIVE ACTION: Approved Not Approved

Associate Supt. Authorization _____
Date _____
Human Resources Director _____
Date