



Hesperia Unified School District

Absence Request – Leave Activity

☐ **Certificated**☐ **Classified**

Employee Name: _____

Employee SSN #
(last 4) _____

Site/Department;/Position _____

Administrator/Supervisor: _____

Dates of Absence

(All requests for absences should be made two days prior to first day of absence. Sick leave could be "after the fact" if unexpected.)

From: _____

Number of Days Absent: _____

To: _____

Number of Hours Absent: _____**Type of Absence Requested: (Check One)**

<input type="checkbox"/>	AL	Administrative Leave
<input type="checkbox"/>	B	Bereavement
<input type="checkbox"/>	FH	Floating Holiday (Birthday Holiday)
<input type="checkbox"/>	CT	Comp Time (Refer to bargaining agreement)
<input type="checkbox"/>	DA/SB/CON	District Assignment/School Business/Conference
<input type="checkbox"/>	FD	Furlough Day (Full day increments only)
<input type="checkbox"/>	FI	Family Illness (Reduces sick leave bank)
<input type="checkbox"/>	IA	Industrial Accident (could reduce sick leave bank)
<input type="checkbox"/>	JD	Jury Duty
<input type="checkbox"/>	MAT	Maternity Leave (reduces sick leave bank)

<input type="checkbox"/>	MD	Military Duty
<input type="checkbox"/>	NW	Non Work Day
<input type="checkbox"/>	NQA	No Questions Asked (reduces PN/Sick leave bank)
<input type="checkbox"/>	PAT	Paternity (reduces PN/Sick Leave bank)
<input type="checkbox"/>	PN *	Personal Necessity (reduces sick leave bank)
<input type="checkbox"/>	SL	Sick Leave
<input type="checkbox"/>	UB	Union Business
<input type="checkbox"/>	V	Vacation
<input type="checkbox"/>	WP	Without Pay

* Refer to Bargaining Unit Agreement for Personal Necessity Leave Language

- Certificated Article #12
- Classified Article #15

I understand that if I do not have any of the above time available in my specific leave bank, my salary will be docked for the hours indicated. **By signing below, I certify the above absences to be true and correct.**

Employee Signature_____
Date**Administrator Approval**

Approved



Denied

After the
FactLong Term Absence
(Employee not available for signature)_____
Supervisor Signature_____
Date**THE FAMILY AND MEDICAL LEAVE ACT OF 1993 NOTIFICATION**

The Family and Medical Leave Act of 1993 (FMLA) requires employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for their employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles. The FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances. Unpaid leave must be granted for any of the following reasons: to care for the employee's child after birth, or placement for adoption or foster care; to care for the employee's spouse, son or daughter, or parent who has a serious health condition; or for a serious health condition that makes the employee unable to perform the employee's job. The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met. The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable". An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work. For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan." Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave. FMLA makes it unlawful for any employer to: interfere with, restrain, or deny the exercise of any right provided under FMLA; discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA. The U.S. Department of Labor is authorized to investigate and resolve complaints of violations. An eligible employee may bring a civil action against an employer for violations. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.