

REQUEST FOR FAMILY AND MEDICAL LEAVE

Last Name	First Name	MI
Job Title	Department or Office	Home Mailing Address

1. Reason for Leave: <i>(Check appropriate box)</i>	Explanation/Definition
<input type="checkbox"/> Birth or adoption of a child	<ul style="list-style-type: none"> The leave must be taken within 12 months of birth or placement. <p><i>(If both parents work for the College, they are allowed 12 weeks combined)</i></p>
<input type="checkbox"/> Serious health condition of the employee	<ul style="list-style-type: none"> A condition which renders the employee unable to perform the functions of the position
<input type="checkbox"/> To care for the employee's spouse who has a serious health condition	<ul style="list-style-type: none"> Spouse means the husband or wife of the employee, but does not include an unmarried domestic partner. It does include common-law marriage.
<input type="checkbox"/> To care for the employee's child who has a health condition	<ul style="list-style-type: none"> Child means biological, adopted, foster, legal ward, or, Step child residing in the employee's household who is under age 18, or Any adult child 18 years old or older who is incapable of self-care because of a mental or physical disability.
<input type="checkbox"/> To care for the employee's parent who has a serious health condition	<ul style="list-style-type: none"> Parent means biological parent of the employee or an individual under whose care the employee was as a minor.
2. Date absence began or is anticipated to begin:	3. What date do you expect to return to work: <i>(Please do not leave blank. If not certain, project 12 weeks from start of leave.)</i>

I certify that the above answers are true and correct to the best of my knowledge and authorize any doctor or medical institution having information concerning my illness to release information to Del Mar College concerning this application.

Employee Signature

Date

Employee is Absent from work: *Reason given for leave.*

Supervisor Signature

Date

IMPORTANT: Complete and submit Application to Supervisor or the office of Human Resources. Supervisors must fax or hand deliver immediately to the Office of Human Resources. If form has been faxed, call the office of Human Resources to verify receipt.

Approved

Disapproval

Associate Director of Human Resources

Date

Copy: Employee