



## Employee Request for Family Medical Leave

Employee Name (Last, First)	Employee ID	Campus
Supervisor/Manager	Home/Cell Phone	Office Phone
Home Address	City, State	Zip Code
Start Date of Leave	End Date of Leave	Intermittent or Continuous Leave

**Please check the appropriate box based on your current situation:**

- Birth and care of your child
- Adoption or foster care placement of your child
- Serious Health Condition -----
  - My own
  - My sibling
  - My spouse
  - My child
  - My registered domestic partner
  - Designated Person (any individual related by blood or whose association to you is the equivalent of a family relationship)
  - My parent
  - My parent-in-law
  - My grandparent
  - My grandchild
- Military Caregiver Leave -----
  - I am the spouse of the Service Member
  - I am son or daughter of the Service Member
  - I am the parent of a Service Member and stand in loco parentis of the Service Member
  - I am the Next of Kin of the Service Member
- Military - Qualifying Exigency Leave
  - My spouse
  - My child
  - My registered domestic partner
  - My parent

**Additional Information**

- FMLA is an unpaid leave; however, employees may use their available paid leave in conjunction with FMLA.
- FMLA eligibility and designation information will be sent via District email to employees and their direct supervisor.
- A leave request based on a serious health condition must be accompanied by a Certification of Health Care Provider. The District has the right to ask for 2nd & 3rd certifications if there is reason to doubt validity of certification.
- The District has the right to limit an employee to leave for one “designated person” per 12-month period.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**To be completed by the employee and returned to:**  
People, Culture, and Technology Services, Employee Services Department  
3375 Camino del Rio South #380, San Diego, CA 92108  
Phone: 619-388-6587 | Email: [hrbenefits@sdccd.edu](mailto:hrbenefits@sdccd.edu)