

BAKERSFIELD CITY SCHOOL DISTRICT

Education Center - 1300 Baker Street
Bakersfield, California 93305
Personnel Services

**REQUEST FOR MEDICAL LEAVE
(including FMLA/CFRA and/or PDL)**

This form is to be used by all employees to request medical leave (including pregnancy disability leave ("PDL")) which exceeds ten days.

Employees eligible for leave under family medical leave laws must use this form to request leave due to employee's own serious health condition that causes the employee to be unable to perform the functions of his/her position. To be eligible for such leave, an employee must meet the following qualifications:

1. *The employee must have been employed for at least 12 months.*
2. *During the immediately preceding 12-month period, the employee must have rendered at least 1,250 hours of service.*

If requesting intermittent or reduced leave, please attach schedule.

Requests for leave under family medical leave laws for the purpose of bonding following the birth, adoption or foster care placement of a child should be submitted on the "Request for Family/Medical Leave" form.

Unless otherwise notified by the District, leaves properly requested using this form may be recommended for approval without further notification to employee.

A current doctor's release will be required upon return to duty.

Employee's Full Name _____

Site _____ Position _____

PHYSICIAN CERTIFICATION

The physician certifies that the above-named employee requires medical leave for the dates shown below. Leave effective dates must be specific but may be amended in writing as necessary. Do not disclose the medical diagnosis.

Leave is required from _____ through _____

Doctor's Comments/Additional Info. _____

Doctor's Name (Type/Print) _____ Lic. No. _____

Address _____ Telephone _____

Doctor's Signature _____ Date _____