City of Chico – Human Resources & Risk Management Office | PO Box 3420, Chico, CA 95927
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Clear Form

CITY OF CHICO - LEAVE OF ABSENCE REQUEST FORM

Employee Name	Employee #	Date Form Provided

EMPLOYEE REQUEST

You may be eligible for a leave of absence. To help us determine your eligibility and to help you understand your rights and responsibilities under the applicable laws and policies, please complete the following.

Type of Leave being requested: ☐ Continuous ☐ Intermittent ☐ Reduced Schedule

I need a Leave of Absence (Workday) from: _____ **through:** _____ **for the following reason:**

☐ For the birth of a child, or the placement of a child for adoption or foster care.
Due Date/Date of Birth/Date of Placement: _____
☐ Because of my own serious health condition which prevents me from performing my job
☐ To care for my: ☐ Spouse ☐ Child ☐ Parent ☐ Other: _____ who has a serious health condition
☐ Bereavement Leave: Deceased Name: _____ Relationship: _____ Date of Death: _____
☐ Military Leave ☐ Active Duty ☐ State Active Duty ☐ Annual Training ☐ Drill ☐ Military School ☐ Other: ____ From: ____ To: ____
☐ Other reasons, please specify: _____

Intermittent Leave Schedule (Complete **ONLY** for intermittent leave. Attach additional pages if needed.)
Anticipated pattern of leave:
☐ Unplanned/As medically necessary ☐ Planned recurring schedule ☐ Combination (describe): _____
Frequency of leave: _____ times per_____ day _____week _____month Other: _____
Duration per occurrence: _____ hour(s) or ____ day(s) Other:_____
If a Reduced Work Schedule is Requested, Describe the Proposed Schedule: _____
Duration: _____ hour(s) or _____ day(s) per episode.
Current Work Schedule: _____
Estimated Return-to-Work Date: _____

Additional requests related to my need for a Leave of Absence:
☐ I would like to utilize leave accruals. Preferred order of use: _____
☐ I would like to discuss possible workplace accommodations or modified duty in lieu of, or in addition to, a leave of absence.
☐ Other, describe: _____

I can be reached at the following Address, Phone Number, and Email Address during my Leave:

Address: _____

Personal Phone: _____ Personal Email: _____

Emergency Contact Name: _____Relationship: _____Phone Number: _____

Employee Acknowledgement: I certify that the information in this leave request is true and accurate to the best of my knowledge. I have read and understand this form and the applicable provisions of my Employee Contract/Agreement. I will notify the City of Chico of any changes affecting my leave status. I acknowledge receipt of the applicable Department of Labor Fact Sheet(s). If I am unable to return to work as scheduled, I will notify Human Resources and my Department as soon as possible to discuss my status and any request for an extension, accommodation, or other available options. Failure to communicate regarding my leave status may result in disciplinary action, up to and including separation from employment, in accordance with applicable law and City policy.

Employee's Signature: _____ **Date:** _____

DEPARTMENT ACKNOWLEDGEMENT

Department Director/Designee Review: ☐ **Approved** ☐ **Denied** ☐ **Other** (Comments) _____

Department Director/Designee Signature: _____ **Date:** _____

HUMAN RESOURCES & RISK MANAGEMENT RESPONSE

☐ **Leave is APPROVED under the following conditions:** When an employee needs a leave of absence because of their own serious health condition (or that of a spouse, parent, or child), medical certification verifying the need for leave must be received within 15 days from the date of request. The approval of leave is tentative until medical certification is received confirming eligibility for a leave of absence.

An approved leave of absence will count against the employee's leave entitlement under the applicable laws and policies:

☐ Family & Medical Leave Act ☐ California's Workers' Compensation Law

☐ California Family Rights Act ☐ City of Chico's Leave Policies and applicable MOUs

☐ California Pregnancy Disability Act ☐ Reasonable Accommodation - Unprotected Leave of Absence

☐ Other Conditions/Comments: _____

☐ **Leave is DENIED comments:** _____

Deputy Director Human Resources/Designee Signature: _____ **Date**: _____

EMPLOYEE INSTRUCTIONS:

Notify your Supervisor and the Human Resources & Risk Management Office as soon as you become aware of the need for a Leave of Absence (LOA). If foreseeable, provide at least thirty (30) calendar days' notice.
All leave requests must be acknowledged by your Department Director (or designee) and approved by the Human Resources & Risk Management Office. Failure to provide timely notice or required medical certification may result in a delay or denial of your request.

Step 1: Notify your Supervisor and the Human Resources & Risk Management Office of your need for a Leave of Absence.
Step 2: Complete and submit the **Leave of Absence Request Form**.
Step 3: Have your treating physician complete the **Certification of Serious Health Condition** form. The completed certification must be returned within fifteen (15) calendar days of the leave request.
Step 4: Contact the Human Resources & Risk Management Office to discuss available pay options during your leave, including the use of accrued leave balances and eligibility for Short-Term Disability benefits.
Please note: If your leave is approved as an unpaid Leave of Absence, you may be responsible for the employee and employer portions of your medical insurance premiums, as permitted by law and applicable policy.
Step 5: Keep your Supervisor and Human Resources informed regarding your anticipated return-to-work date and any leave accruals you wish to use during your leave period.
Step 6: If your leave was for your own serious health condition, you must provide the **Physician Letter** before returning to work stating your work status and any work restrictions or limitations, including their duration.

SUPERVISOR/DEPARTMENT INSTRUCTIONS:

Upon notification of an employee's need for leave, contact the Human Resources & Risk Management Office as soon as possible.

1. Have the employee complete the **Leave of Absence Request** Form.
2. Obtain the Department Director's (or designee's) signature in the acknowledgment section.
3. Forward the completed form to Human Resources & Risk Management.

Human Resources & Risk Management will review the required documentation, determine eligibility, and provide written notice to the employee regarding leave status.

Reminder: Supervisors should not request details about an employee's medical condition. Only certification of a serious health condition, when required, should be submitted to Human Resources & Risk Management.

Employees returning from leave for their own serious health condition must provide a **Physician Letter** before returning to work. If the release includes work restrictions, coordinate with Human Resources & Risk Management to begin the ADA interactive process.

Employees interested in Short-Term Disability benefits should be referred to Human Resources & Risk Management.
Please forward all original leave-related documents to the Human Resources & Risk Management Office.