RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
CHILD CARE & BONDING LEAVE REQUEST FORM

An employee may take leave for the birth of a child, or placement of a child with the family for adoption or foster care, only within the first 12 months after birth or placement of the child. The purpose of this information is to provide you with information and procedures regarding child care & bonding leave and assist you with requesting leave.

If you have been employed by Red Bluff Union Elementary School District for at least one (1) year, you are eligible for up to 12 weeks of Child Care & Bonding leave which is covered by the Family Medical Leave Act (FMLA) or California Family Rights Act (CFRA). For birthing parents, eligibility for this leave begins after the medical disability recovery period (normally 6-8 weeks). For non-birthing parents, eligibility for this leave begins on the day of birth.

During this leave you must use personal necessity/sick leave until exhausted. Difference pay is either calculated by subtracting the substitute's pay from your normal pay for certificated staff or 50% of your normal pay for each day of leave for classified staff, depending on which employee group with which you are associated.

For birthing parents, FMLA runs concurrently with Pregnancy Disability Leave; CFRA bonding begins after the disability period ends. Leave must be requested in advance and must be used in a minimum of 2-week increments except on two occasions leave must be granted for lesser durations.

Your health insurance benefits will be maintained by the district at the current level. Of course, you will be responsible for the employee's portion of the payment as you do now.

Once all available leaves are exhausted, you may request up to six (6) months of additional unpaid leave from the superintendent as described in your employees' contract or Red Bluff Union Elementary School District policy. Address your written request to the superintendent and send it to Human Resources.

Please do not hesitate to contact Human Resources at hr@rbuesd.org for information or assistance, and above all, best wishes to you.

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For planning purposes, please provide us with the following information:

Employee Name:_____ Job Title: _____

Site:_____ Supervisor: _____

Expected Due/Placement Date: _____ Anticipated Return Date:_____

Leave needed (start date & end date or # of weeks): _____

I verify I am eligible for leave requested:

Signature: _____ Date: _____