

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT APPLICATION FOR FAMILY
MEDICAL LEAVE and/or PREGNANCY DISABILITY LEAVE

FOR THE PURPOSE OF TEACHING ONLINE DURING 2022-2023

Name: CWID:
Contact Email: Campus:
Contact Phone Number: Division:
Beginning Date of Leave: Ending Date of Leave:
Supervisor Name:

Reason for Leave (check one or more):

Employee's own serious health condition.

A serious health condition of an employee's eligible child, spouse, parent or member of the immediate household, which requires the employee to care for the family member.

The employee's own medical condition related to pregnancy or childbirth

Birth or adoption of a child, or the receipt of a child into foster care, within one year of such birth or placement.

The employee's own serious health condition other than pregnancy or childbirth that causes the employee to be unable to perform some or all of the essential functions of the job.

Explanation (if necessary):

A leave request based on an employee's medical condition related to pregnancy or childbirth, an employee's own serious health condition unrelated to pregnancy or childbirth, or the serious health condition of an employee's spouse, child, parent or member of the immediate household **must be accompanied by medical certification from a licensed provider.**

I concur with the terms and conditions of the leave and understand that it will be my obligation to return to District employment on the working day following the ending date of the leave. I am aware that failure to return from leave without prior supporting authorization or documentation may be construed as abandonment of my position.

Employee Name: Signature: Date:

Administrator: Approved Rejected

Administrator Name: Signature: Date:

Director/Vice Chancellor of Human Resources: Date