



FMLA (Family Medical Leave Act) Absence Request

Employee ID: Name (Last, First): _____ Date: _____ CERTIFICATED
 CLASSIFIED
 FOOD SERVICES

Location # School/Dept.: _____ Position Title: _____

Prior to submitting this form to your Timekeeper, an FMLA approval must be obtained through Human Resources. For more information and for a link to the FMLA Request Form, please go to the FMLA page found on the Human Resources Department page of the SDUSD website, or click [HERE](#).

Type of FMLA Leave

This form is to request independent leave occurrences. Do not use to request a traditional FMLA Leave of Absence.

Indicate the reason for requesting this FMLA Leave:

Self-care Care for a family member

Indicate the type of FMLA Absences that you are requesting:

Paid Family Medical Leave (Code: FML) Unpaid Family Medical Leave (Code: FMU)

Leave Requested

For PAID leave (Code: FML)					For UNPAID leave (Code: FMU)				
List leave periods, hours, and indicate the type of leave to be used (Vacation, Sick, etc.). Define work hours for any partial day absences in the "Comments" field. Timekeeper: Enter the time below using the Time Reporting Code: FML . Then, on a second line enter the time again with the code that corresponds to the chosen Type of Leave (VAC, SLF , etc.).					List leave periods and hours. Include work-hours information for any partial day requests. Define work hours for any partial day absences in the "Comments" field. Timekeeper: Enter the time below on a single line using the Time Reporting Code: FML .				
Date From	Date To	Total Hours	Type of Leave	Comments	Date From	Date To	Total Hours	Type Of Leave	Comments
								Unpaid	
								Unpaid	
								Unpaid	
								Unpaid	
								Unpaid	

To cancel/change a previous request, list cancelled dates:

Authorizations

***An official FMLA approval letter issued by Human Resources must be attached to this request.**

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Timekeeper Signature _____ Date Entered _____

Timekeeper: After entering time, please submit a copy of this form to Payroll for auditing purposes. Retain original card at your site.