



PERSONNEL SERVICES DIVISION  
CERTIFICATED PERSONNEL  
1400 E. Janss Road, Thousand Oaks, CA 91362-2198  
Telephone: (805) 497-9511 · FAX (805) 449-2631

**EMPLOYEE REQUEST FOR FAMILY MEDICAL LEAVE**

**EMPLOYEE INFORMATION**

|                      |         |       |                |
|----------------------|---------|-------|----------------|
| EMPLOYEE NAME:       | LAST    | FIRST | MIDDLE INITIAL |
| POSITION:            |         |       |                |
| DEPARTMENT/SCHOOL:   |         |       |                |
| CONTACT INFORMATION: | ADDRESS |       |                |
|                      | PHONE   | EMAIL |                |

**BASIS FOR LEAVE REQUEST**

|                          |  |                                |  |
|--------------------------|--|--------------------------------|--|
| Requested Date of Leave: |  | Estimated Date Leave Will End: |  |
|--------------------------|--|--------------------------------|--|

- ☐ My own serious health condition
- ☐ Birth of child                      Anticipated/actual Delivery Date: \_\_\_\_\_
- ☐ Adoption or Foster Care of Child placed in my home on \_\_\_\_\_ (date)
- ☐ Care for a family member with a serious health condition (must meet District/CBA definition of "member of the employee's family"). Please specify the name and relationship of the family member:

|                     |               |
|---------------------|---------------|
| Family Member Name: | Relationship: |
|---------------------|---------------|

Requests for leave for an employee's serious illness or for the care of a family member require submission of a doctor's note with this request or within 15 calendar days from the day you submit this form.

I understand that I must also complete a Return to Work/Fitness for Duty certification if the leave is for my own health condition. The certification must be submitted prior to returning back to work. If the certification is not received, I understand that my return to work may be delayed until the certification is provided.

|  |               |
|--|---------------|
|  |               |
| _____<br>Employee/Applicant Signature        | _____<br>Date |
|  |               |
| _____<br>Assistant Superintendent, Personnel | _____<br>Date |

**RETURN COMPLETED FORM TO:**    **CVUSD - CERTIFICATED PERSONNEL DEPARTMENT**  
1400 E. JANSS ROAD  
THOUSAND OAKS, CA 91362-2198