

**TEHAMA COUNTY DEPARTMENT OF EDUCATION
FMLA/CFRA Leave Request Form**

Name

Position

Department

I request a leave of absence pursuant to the State and Federal family leave laws as indicated:

1. This leave is for:
- The birth of my child, or the placement of a child with me for adoption or foster care
 - A serious health condition* that makes me unable to perform the essential functions of my job
 - A serious health condition,* for which I am needed to provide care, affecting my:
 - Spouse
 - Registered domestic partner (CFRA only)
 - Child
 - Parent

2. Method of leave requested:
- Continuous leave beginning on _____ through _____
 - Intermittent or reduced schedule leave (specify schedule below):
Beginning on _____
Please specify schedule requested: _____

* Definition of serious health condition attached. Before leave is granted you will need to obtain certification of serious health condition from a health provider on attached form.

Employee Signature

Date

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DEPARTMENT ACTION

Date received: _____

Supervisor notified: _____

Certification of Health Care Provider form received: _____

HR Authorization

Date

Notations: _____

SERIOUS HEALTH CONDITION

A "Serious Health Condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. **Hospital Care**
Inpatient care (i.e., an over night stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
2. **Absence Plus Treatment**
A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition) that also involves:
 - a. Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - b. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.
3. **Pregnancy** [NOTE: An employee's own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.]
Any period of incapacity due to pregnancy, or for prenatal care.
4. **Chronic Conditions Requiring Treatment**
A chronic condition which:
 - a. Requires periodic visits for treatment by a health care provider or by a nurse or physician's assistant under direct supervision of a health care provider;
 - b. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - c. May cause episodic rather than a continued period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)
5. **Permanent/Long-Term Conditions Requiring Supervision**
A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
6. **Multiple Treatments (Non-Chronic Conditions)**
Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).