

EMPLOYEE REQUEST FOR LEAVE CHECKLIST

**Do you know, or have reason to know, from the employee or his agent, that the reason for the leave (including vacation) qualifies under the FMLA and/or CFRA?**

FMLA Qualifying Reasons: a) Employee's serious health condition INCLUDING pregnancy;  
b) Serious health condition of spouse, parent, or child of employee;  
c) Birth or placement for adoption or foster care of child within the first 12 months.

CFRA Qualifying Reasons: d) Employee's serious health condition EXCEPT pregnancy;  
e) Serious health condition of spouse, domestic partner, parent, or child of employee;  
f) Birth or placement for adoption or foster care of child within the first 12 months.

If yes to any of the above, proceed to next question.

If no to both FMLA and CFRA, treat as any other leave request under contract language, board policies, and Ed Code.

**Has the Employee been employed for at least 12 months (52 weeks)? (Does not have to be continuous employment, check employee history for previous employment with the District!!)**

If yes to any of the above, proceed to next question.

If no, treat as any other leave request under contract language, board policies, and Ed Code.

If yes to any of the above, proceed to next question.

If no, treat as any other leave request under contract language, board policies, and Ed Code.

If YES, research the amount of leave taken; if 12 weeks, employee is **NOT** entitled to additional leave. Treat as you would any other leave request under contract language, board policies, and Ed Code. If less than 12 weeks, employee may be entitled to additional leave.

If NO, you must notify the employee that the leave request is being counted against his entitlement of FMLA and/or CFRA leave.