State of California – Department of Fish and Game

**SAVE**

**PRINT**

**CLEAR**

**EMAIL**

LEAVE OF ABSENCE REQUEST

DFG 260A (New 12-19)

NOTE: Request must be completed, approved and submitted to the Human Resources Branch prior to beginning of leave.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE NAME (Please print)  Last First Middle | | | | | | | | LAST 4 DIGITS OF SOCIAL SECURITY # | | | |
| REGION / BRANCH / DIVISION | | | | POSITION NUMBER | | CLASSIFICATION | | | | WORK PHONE NUMBER | |
| **LEAVE OF ABSENCE PERIOD** | | FROM: (Beginning Date) | | To: (Ending Date) | | I WILL RETURN TO PAY STATUS ON (Date) | | | | | |
| **REASON FOR LEAVE OF ABSENCE** | | | | | | | | | | | |
| CHECK APPROPRIATE BOX(ES) | | | | | | | | | | | |
| INITIAL REQUEST | | |  |  | EXTENSION |  |  |  |  |  |  |
| EDUCATION (May affect medical benefits) | | |  |  | FMLA/CFRA (Must meet other eligibility requirements)  **Note**: Contact MDSU for eligibility requirements | | | | | | |
| ILLNESS | |  |  |  | NDI - NON-INDUSTRIAL DISABILITY INSURANCE (Bargaining Units  2, 7, 9, 10, 12 and UNREPS) **Note**: Complete NDI Leave Options below. | | | | | | |
| FAMILY ILLNESS OR OBLIGATIONS | | | |  | ADOPTION |  |  |  |  |  |  |
| PARENTAL LEAVE | | |  |  | OTHER (Describe) |  |  |  |  |  |  |
| SUBSTANTIATION ATTACHED | | |  |  |  |  |  |  |  |  |  |
| EMPLOYEE SIGNATURE | | | | | | | DATE | | | | |
| **NDI LEAVE OPTIONS** | | | | | | | | | | | |
| CHECK APPROPRIATE BOXES  I elect to use my leave credits to cover the seven (7) day NDI waiting period. I understand if available, sick leave credits will be used first. Otherwise, vacation, annual leave, or other available credits may be used.  I do not have sick leave. Please use Vacation/AL Other (Identify) I elect to NOT use my leave credits to cover the seven (7) day NDI waiting period.  I elect to use leave credits to supplement my NDI benefits. \_\_\_\_\_Please use 25% supplementation for 75% of my monthly salary. \_\_\_\_\_\_ Please use 50% supplementation for 100% of my monthly salary. | | | | | | | | | | | |
| **APPROVALS** | | | | | | | | | | | |
| Approved | Denied  (If denied, state reason(s)): | | | | | | | | | | |
| 1. IMMEDIATE SUPERVISOR (PRINT NAME) | | | | | SIGNATURE | | | | | | DATE |
| 2. REGIONAL MGR. / BRANCH CHIEF / DEPUTY DIRECTOR (PRINT NAME) | | | | | SIGNATURE | | | | | | DATE |
| **PERSONNEL TRANSACTIONS UNIT USE ONLY** | | | | | | | | | | | |
| PERSONNEL SPECIALIST (PRINT NAME) | | | SIGNATURE | | | | | | DATE | | |
| PAR KEYED (DATE) | | | DIRECT PAY DOCUMENTS MAILED | | | | | |  | | |