

LEAVE OF ABSENCE REQUEST

DFG 260 (New 03-12)

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)				
<input type="checkbox"/> INITIAL REQUEST	<input type="checkbox"/> EXTENSION			
<input type="checkbox"/> EDUCATION (May affect medical benefits)	<input type="checkbox"/> FMLA/CFRA (Must meet other eligibility requirements) Note: See your supervisor for eligibility requirements			
<input type="checkbox"/> ILLNESS	<input type="checkbox"/> SDI-STATE DISABILITY INSURANCE (SEIU-Bargaining Units 1, 3, 4, 11, 14, 15, 21 only) Note: Please complete SDI Leave Options below			
<input type="checkbox"/> FAMILY ILLNESS OR OBLIGATIONS	<input type="checkbox"/> ADOPTION			
<input type="checkbox"/> PARENTAL LEAVE	<input type="checkbox"/> OTHER (Describe)			
<input type="checkbox"/> SUBSTANTIATION ATTACHED				
EMPLOYEE SIGNATURE			DATE	
SDI LEAVE OPTIONS				
CHECK APPROPRIATE BOXES				
<input type="checkbox"/> I elect to use my leave credits to cover the seven (7) day SDI waiting period. I understand if available, sick leave credits will be used first. Otherwise, vacation, annual leave, or other available credits may be used.				
<input type="checkbox"/> I do not have sick leave. Please use <input type="checkbox"/> Vacation/AL <input type="checkbox"/> Other (Identify) _____				
<input type="checkbox"/> I elect to NOT use my leave credits to cover the seven (7) day SDI waiting period.				
<input type="checkbox"/> I elect to use leave credits to supplement my SDI benefits. Please use _____ hours (maximum 40) per month. I understand if available, sick leave credits will be used first. Otherwise, vacation, annual leave, or other available credits may be used.				
APPROVALS				
<input type="checkbox"/> Approved	<input type="checkbox"/> 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		