Central California Child Development Services, Inc.

2250 Rockefeller Dr., Ste 1 P.O. Box 2540, Ceres, CA 95307 (209)581-9000 Fax (209) 581-9009

EMPLOYEE REQUEST FOR LEAVE OF ABSENCE

Employees Name: _____ Social Security: _____

Supervisor's Name: _____ Center: _____

Dates of Requested Leave: From: _____ To: _____

I hereby request approval of leave for the following reasons:

☐ Personal leave (please attach explanation)

Medical certification must be obtained for the following leave request:
(At least 15 days after you are notified of this requirement)

Family Medical Leave Act (FMLA) / California Family Rights Act (CFRA)

☐ My own serious health condition

☐ Serious health condition of my spouse, child or parent.

Specify family member:_____

☐ Birth or placement of a child with me for adoption or foster care.

Family Medical Leave Act (FMLA) / Pregnancy Disability Leave (PDL)

☐ Disability due to pregnancy, childbirth or related condition

_____ _____
Employee's Signature Date

_____ _____
Supervisor's Signature Date

_____ _____
Executive Director's Signature Date

Distribution: Original – Employee's File Copy 1 - Employee Copy 2 - Center

Central California Child Development Services was formerly Stanislaus County Child & Infant Care Association. The name better represents the locations served