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CITY OF POMONA

REQUEST FOR FAMILY/MEDICAL LEAVE

Instructions: Complete requested information and return to Human Resources either by clicking on the "Submit by Email" button above or by sending a hard copy. Provide a printed copy to your supervisor or Administrative Assistant.

Employee Name: _____ Date of Request: _____

Department: _____ Position: _____

Hire Date: _____ Employee ID #: _____

Personal Email Address: _____

I request a Family/Medical Leave for the following reason (check one):

☐ A. The birth of a child and/or in order to care for such child.

☐ B. The placement of a child for adoption or foster care.

☐ C. In order to care for an immediate family member if such family member has a serious health condition. **(Must submit "Physician Certification" within 15 days)**

Check one: ☐ Child ☐ Spouse ☐ Parent ☐ Registered Domestic Partner

☐ D. Employee's own serious health condition that makes the employee unable to perform the functions of his/her position. **(Must submit "Physician Certification" within 15 days)**

☐ E. Qualifying exigency.

☐ F. In order to care for a spouse, son, daughter, parent, or "next of kin" service member of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on active military duty. **(Must provide written certification from a health care provider)**

Method of Leave Requested

☐ A. Consecutive Leave
☐ B. Intermittent or Reduced Leave Schedule (Specify Schedule Below):

_____
_____

Date Leave is to begin: _____ Expected duration of Leave: _____

"If the duration of my family/medical leave (total of paid and unpaid time) does not exceed 12 weeks, I will be returned to my same or equivalent position. If my leave should exceed 12 weeks, my employment status shall be subject to the rules set forth in the respective Memorandum of Understanding or Agreement that covers my employment and position with the City and with regards to Leaves of Absence, Sick Leave and Vacation Use, etc.".

_____ _____

Employee's Signature or Typed Signature Date