



# PITTSBURG UNIFIED SCHOOL DISTRICT

## Human Resources

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[www.pittsburg.k12.ca.us](http://www.pittsburg.k12.ca.us)

### *FAMILY LEAVE REQUEST – FORM #1 BLOCK OF TIME*

To: Pittsburg Unified School District

From: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

Re: Notice of the Need for FMLA Leave

Date: \_\_\_\_\_  
(Today's Date)

This memo is to notify you of my need for leave under the Family and Medical Leave Act (FMLA). I require a leave of absence from \_\_\_\_\_ to \_\_\_\_\_, because (check all that apply):  
(Start Date) (End Date)

I am temporarily unable to work because of my own serious health condition.

I will be caring for an immediate family member (spouse, child, or parent) with a serious health condition.

I have attached a completed FMLA Medical Certification Form WH-380 from a health care provider documenting my need for leave.

It is my understanding that I am eligible for up to 12 weeks of leave under the Family Medical Leave Act and that I will be reinstated to my position after my leave. To qualify, I must have physically worked 1250 hours in the year preceding the date on which my FMLA leave is to commence. It is also my understanding that Pittsburg Unified School District will continue my health insurance during my leave and I will continue to pay my portion of the health premium, if applicable.

The Family and Medical Leave Act specifies that employers must provide specific written notice to an employee of rights and responsibilities regarding leave within a few business days of when that employee gives notice of the need for leave. I look forward to receiving this information from you.