



# 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 #2 INTERMITTENT LEAVE*

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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 intermittent 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)

Temporary absences due to my own serious health condition.

Temporary absences due to 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 intermittent leave.

Intermittent leave is FMLA leave taken in separate blocks of time for a single illness or injury, for a serious health condition or for caring of an immediate family member with a serious health condition. 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 job 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 when a health care provider certifies a need for intermittent FMLA leave for a period exceeding 30 days, an employer may not require additional certifications during that period unless a request is made to extend the leave, circumstances change significantly, or the employer receives information that casts doubt on the need for leave.

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.