



Tehama County Leave of Absence Request Form

Employee Name: _____ Department: _____

Personal Email: _____ Personal Phone Number: _____

PART A: DURATION OF REQUESTED LEAVE

Leave Commencement Date: _____ Anticipated Return Date: _____
(Date your leave will start) (Date you will return to work)

Is this an extension of a previous leave? YES NO

If YES, dates of original leave. From: _____ To: _____

PART B: REASON FOR LEAVE

Own Serious Health Condition (including pregnancy)

Continuous Intermittent

Care for a Qualifying Family Member with a Serious Health Condition

Continuous Intermittent

Is the qualifying family member currently serving in the military or a Veteran? NO YES

Birth / Adoption / Foster Care Placement Leave

Estimated Date of Birth / Adoption or Foster Placement: _____

Leave to bond with new child

Date of Birth / Adoption or Foster Placement: _____

Is the other spouse/parent of the newborn also employed by the County? NO YES

If YES, specify name: _____

Department: _____

Industrial Leave for an approved worker's compensation claim

(FMLA/CFRA will run concurrently whenever possible)

Leave for Military Duties

This serves as my written request to take a leave of absence from my employment with Tehama County and I certify that such absence is requested for the purpose(s) indicated above. I understand I must comply with Tehama County's procedures for requesting leave and will provide all documentation needed to evaluate this leave request.

Employee Signature: _____ Request Date: _____