



City of Pittsburgh Request for Leave of Absence FMLA/CFRA/PDL

To Be Completed by Employee:		
Employee's Name:	Department:	Date of Request:
Job Title:	Employee #:	Hire Date:
Mailing Address:		Phone:
Reason for Leave of Absence <input type="checkbox"/> Own serious illness/injury (not work related) <input type="checkbox"/> Pregnancy Disability Leave <input type="checkbox"/> Care for ill parent, spouse or domestic partner, child, grandparent, grandchild, sibling, or designated person. A "designated person" is any individual related by blood or whose association is the equivalent of a family relationship. My designated person is _____. The City limits employees to have one designated person per 12-month period. <input type="checkbox"/> To bond with a newborn child, an adopted child, or a foster child. <input type="checkbox"/> To assist a child, spouse, or parent who is a member of the Armed Forces, including National Guard or Reserves, with a "Qualifying Exigency" related to covered active duty or a call of active duty status. <input type="checkbox"/> To care for a child, spouse, parent or "next of kin" covered service member of the United States Armed Forces who has a serious injury or illness incurred or aggravated in the line of duty while on active duty (up to 26 weeks leave).		
Please Initial the Following Terms:		
	I understand that I am required to submit the applicable <i>Physician or Practitioner note</i> to Human Resources within 15 days of submitting this Request for FMLA /CFRA/PDL to my supervisor. If I'm unable to obtain medical certification within 15 days of my request, I will contact Human Resources before my leave begins.	
	I understand that if my leave is approved, any time away from work for this event will be charged against my 12-week leave maximum under FMLA/CFRA/PDL.	
Method of Leave Requested:		
<input type="checkbox"/> Consecutive leave <input type="checkbox"/> Intermittent or reduced schedule (specify schedule below)		
Date leave is to begin:	Anticipated end date:	
Use of Accruals While on Leave (please designate usage):		
For own serious medical condition, employee must first use all accrued sick leave. Once sick time is exhausted, employee will be required to use any other paid leaves, including paid vacation or compensatory time off or other. 1 st Sick Leave _____ 2 nd _____ 3 rd _____ 4 th _____		
For own disability due to pregnancy related medical conditions, employee will first substitute any accrued sick leave request to substitute accrued, unused vacation and compensatory time or other once the sick leave time is exhausted. 1 st Sick Leave _____ 2 nd _____ 3 rd _____ 4 th _____		
Requests to care for a covered family member with a serious health condition, the employee must first substitute any accrued vacation and/or compensatory time. Once the employee has exhausted vacation or compensatory time off, the employee can use their available sick time. 1 st _____ 2 nd _____ 3 rd _____ 4 th Sick Leave _____		
For a request for leave to care for and bond with a child, including adoption and foster care placement purposes, employees must substitute any accrued vacation, compensatory time off or other accrued leave. The use of <u>sick leave is not permitted</u> for this purpose. 1 st _____ 2 nd _____ 3 rd _____ 4 th _____		
If the duration of my leave (total of paid and unpaid time) does not exceed 12 weeks OR 26 weeks to care for an injured service member, I will be returned to my same or equivalent position. I understand that if my leave should exceed 12 weeks OR 26 weeks to care for an injured service member, I will be returned to my same or equivalent position, only if available. Refer to Family Medical Leave Personnel Rule for additional information or contact Human Resources.		
Employee Signature:		Date:
Authorization for approval:		Date:
Department Supervisor:		
Department Director:		
Human Resources:		