

**See below for additional information and instructions.**

TO BE COMPLETED BY EMPLOYEE		
EMPLOYEE NAME (LAST, FIRST M.I.)	ABMS NUMBER	CBID
OFFICE/CLIENT AGENCY	POSITION NUMBER	TIME BASE

**REQUEST TYPE**

- Initial Request                       Extension

**I hereby request a formal leave of absence for the following:**

- Education                       Family Care Leave                       Family Illness or Obligations  
 Illness (Self)                       Parental Leave                       Union Activity  
 Other (Specify):

PERIOD OF LEAVE OF ABSENCE	ATTACHMENTS
From:                      To:	<input type="checkbox"/> Substantiation <input type="checkbox"/> Other:

**I am aware that I am responsible for the payment of full premiums for any insurance in which I am enrolled.**

EMPLOYEE SIGNATURE	DATE
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**TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

**I recommend the request for leave of absence be:**

- Approved                       Denied, explain below

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE
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**TO BE COMPLETED BY OFFICE CHIEF OR CLIENT AGENCY EXECUTIVE**

**The request for leave of absence is:**

- Approved                       Denied, explain below

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE
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**OFFICE OF HUMAN RESOURCES USE ONLY**

DATE PAR KEYED	PERSONNEL SPECIALIST SIGNATURE	DATE
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## INFORMATION / INSTRUCTIONS

### **Rank and File Employees:**

Refer to respective Agreement (MOU) between exclusive representative and the State of California for criteria and limitations.

### **Excluded Employees:**

Refer to Government Codes 19991.1 to 19991.7 and Department of Personnel Administration Rules 599.780 to 599.794 for additional information.

## RESPONSIBILITIES

### **Employees:**

- Initiate request for leave of absence.
- Provide substantiation when required or requested.
- Request extension when needed (complete DGS OHR 28 for extension).
- Make arrangements with immediate supervisor regarding return date when leave of absence expires.
- Request documents for direct payment of insurance(s) and make direct payment to insurance(s) carrier(s) for continuation of insurance (s).

### **Immediate Supervisor:**

- Recommend leave of absence be:
  - o Approved or
  - o Denied (must state reason why leave of absence should be denied).
- Initiate Request for Personnel Action (RPA) prior to the return of the employee.

### **Office Chief or Client Agency Executive:**

- Approve or deny request (must state reason why leave of absence should be denied).
- Prepare formal response to employee.
- Forward request to your assigned Personnel Specialist. Retain goldenrod copy for your pending copy.
- Prior to the return to work of the employee, forward RPA to the Personnel Section.

### **Personnel Transactions:**

- Document action to employment history.
- Return approved copies to employee and Office/Client Agency.
- Process appropriate direct payment for insurance(s).