

**REVIEW PAGE 2 FOR ADDITIONAL INFORMATION AND INSTRUCTIONS.**

**TO BE COMPLETED BY EMPLOYEE**

LAST NAME FIRST NAME MI ABMS NUMBER  
OFFICE/CLIENT AGENCY POSITION NUMBER TIME BASE CBID

**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**

Begin Date: End Date:

**ATTACHMENTS**

Substantiation 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

**TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

I recommend the request for leave of absence be:

Approved  
Denied, explain:

SUPERVISOR'S NAME SUPERVISOR'S SIGNATURE DATE

**TO BE COMPLETED BY OFFICE CHIEF OR CLIENT AGENCY EXECUTIVE**

The request for leave of absence is:

Approved  
Denied, explain:

SUPERVISOR'S NAME SUPERVISOR'S SIGNATURE DATE

**OFFICE OF HUMAN RESOURCES USE ONLY**

DATE PAR KEYED PERSONNEL SPECIALIST SIGNATURE DATE

## 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 California Department of Human Resources 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:
  - Approved or
  - 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).