



Peralta Community College District
Human Resources Department
333 E 8th Street Oakland, CA 94606

MEDICAL LEAVE REQUEST FORM

Besides notifying your manager of your leave request intent, please submit this form to the Human Resources Office. This form is not a substitute for the Leave of Absence Report (LAR), please continue to submit LARs each month.

EMPLOYEE ID NUMBER LAST NAME FIRST NAME MIDDLE NAME

PHONE EMAIL

CAMPUS DEPARTMENT MANAGER'S NAME

Management Full Time Faculty Part Time Faculty/Adjunct Faculty Classified

Reason for Leave Request:

I will submit a medical certification from my doctor to Human Resources within five (5) business days of submission of this form.

A) Family Medical Leave (FMLA)/CFRA

Birth of a child and to care for a child Foster Care Illness of family member
 Adoption Own Injury/Illness Qualifying Exigency

B) Medical Reason

Medical Reason

First Date of Requested Leave

Last Date of Requested Leave

Additional Comment:

EMPLOYEE'S SIGNATURE

DATE

For Human Resources Use Only:

Request Form Received: _____

Medical Certification Received: _____

Comments from HR:

**After submission of this request form, Human Resources will review and determine if employee meets the eligibility of Family Medical Leave*