Conejo Valley Unified School District

PERSONNEL SERVICES DIVISION
CERTIFICATED PERSONNEL
1400 E. Janss Road, Thousand Oaks, CA 91362-2198
Telephone: (805) 497-9511 · FAX (805) 449-2631

EMPLOYEE REQUEST FOR FAMILY MEDICAL LEAVE

EMPLOYEE INFORMATION			
EMPLOYEE NAME:	LAST	FIRST	MIDDLE INITIAL
POSITION:			
DEPARTMENT/SCHOOL:			
CONTACT INFORMATION:	ADDRESS		
	PHONE	EMAIL	

BASIS FOR LEAVE REQUEST			
Requested Date of Leave:		Estimated Date Leave Will End:	

☐ My own serious health condition

☐ Birth of child Anticipated/actual Delivery Date: _____

☐ Adoption or Foster Care of Child placed in my home on _____ (date)

☐ Care for a family member with a serious health condition (must meet District/CBA definition of "member of the employee's family"). Please specify the name and relationship of the family member:

Family Member Name:	Relationship:

Requests for leave for an employee's serious illness or for the care of a family member require submission of a doctor's note with this request or within 15 calendar days from the day you submit this form.

I understand that I must also complete a Return to Work/Fitness for Duty certification if the leave is for my own health condition. The certification must be submitted prior to returning back to work. If the certification is not received, I understand that my return to work may be delayed until the certification is provided.

_____ _____
Employee/Applicant Signature Date

_____ _____
Assistant Superintendent, Personnel Date

RETURN COMPLETED FORM TO: **CVUSD - CERTIFICATED PERSONNEL DEPARTMENT**
1400 E. JANSS ROAD
THOUSAND OAKS, CA 91362-2198