Prior to submitting this form to your Timekeeper, an FMLA approval must be obtained through Human Resources. For more information and for a link to the FMLA Request Form, please go to the FMLA page found on the Human Resources Department page of the SDUSD website, or click HERE.

Type of FMLA Leave

This form is to request independent leave occurrences. Do not use to request a traditional FMLA Leave of Absence.

Indicate the reason for requesting this FMLA Leave:

☐ Self-care  ☐ Care for a family member

Indicate the type of FMLA Absences that you are requesting:

☐ Paid Family Medical Leave (Code: FML)  ☐ Unpaid Family Medical Leave (Code: FMU)

Leave Requested

For PAID leave (Code: FML)
List leave periods, hours, and indicate the type of leave to be used (Vacation, Sick, etc.). Define work hours for any partial day absences in the “Comments” field.

Timekeeper: Enter the time below using the Time Reporting Code: FML. Then, on a second line enter the time again with the code that corresponds to the chosen Type of Leave (VAC, SLF, etc.).

For UNPAID leave (Code: FMU)
List leave periods and hours. Include work-hours information for any partial day requests. Define work hours for any partial day absences in the “Comments” field.

Timekeeper: Enter the time below on a single line using the Time Reporting Code: FML.

Date From  Date To  Total Hours  Type of Leave  Comments

Date From  Date To  Total Hours  Type Of Leave  Comments

☐ To cancel/change a previous request, list cancelled dates:

Authorizations

*An official FMLA approval letter issued by Human Resources must be attached to this request.

Employee Signature ________________________________ Date ________________

Supervisor Signature ________________________________ Date ________________

Timekeeper Signature ________________________________ Date Entered ________________

Timekeeper: After entering time, please submit a copy of this form to Payroll for auditing purposes. Retain original card at your site.

SDUSD Payroll Department September 2022