

I. <u>EMPLOYEE</u>

## **HUMAN RESOURCE SERVICES**

1515 Hughes Way, Long Beach, CA 90810 (562) 997-8651

## REQUEST FOR ABSENCE DUE TO PREGNANCY DISABILITY LEAVE (Employee Is Disabled Due to Pregnancy, Childbirth, or Related Condition(s))

Instructions: All employees requesting absence due to pregnancy-related disability leave (PDL) must submit this completed form (Sections I, II and III) to their payroll clerk/secretary.

Last Name	First Name	M	П
School/Site	Track Job Title	G	rade/Subject Taught
Home Address	City	Zip Code	Phone No.
II. ATTENDING PHYSICIAN'S	<u>STATEMENT</u> – Certificat	ion for Paid Sick Leave	
Note to Physician: This form vor childbirth-related condition. It attach a separate sheet specifying requires the accommodation; and	f the employee may continue g (1) the type(s) of accommo	working but requires accordation required; (2) the da	ommodation at work, please ites when the employee
This patient is not able to continue	working beginning on:		
(month) (day) (year)	. The estimated date of deliv	very is: / (month) (day)	(year)
Signature of Physician	Name of Pl	ysician (please print or ty	pe) Date
Address (Number and Street)	City	State/Zip Code	Phone No.
III. EMPLOYEE'S STATEMENT			
This form has been signed by my heal of Absence and Notice of Rights and Couties due to pregnancy-related disabiunderstand that if I exhaust my accumwithout-pay status.	Obligations. I understand the lity will be charged to my significant.	time necessary for me to k leave/vacation/statutory	be absent from my regular leave balance. I further
Signature of Employee		Date	