



# LEAVE PLANNING - CHECK LIST

Maternity/Paternity/Parental/Banked and Underload/Unpaid

(v) CHECK	TASK
	<b>Checklist</b> – Check off items that are completed
	<b>Leave Planning Form</b>
	<b>Doctor’s Note</b> - Secured doctor’s note (required) showing the first and last day of medical leave.
	<b>Sick Leave Donation</b> – ONLY available to United Faculty members. Please see sick leave donation form found at <a href="http://www.4cd.edu">www.4cd.edu</a> . Select Human Resources, Benefits, and Leaves. The catastrophic illness requirement as indicated on the sick leave donation form can be met when the doctor indicates the employee is placed on Pregnancy Disability Leave. Manager may requests sick leave donation upon the exhaustion of sick leave by the employee.
	<b>Parental Leave (Optional) Form</b> – Check to see eligibility indicated on the parental leave form.
	<b>Unpaid Leave (Optional)</b> - Requested from manager/supervisor - written approval provided by college/location administrator. Employees on unpaid leave must pay the full premium for health coverage during this timeframe.
	<b>Banked Load/Under Load (Optional)</b> – Full-time faculty ONLY - Requested usage from manager.
	<b>FMLA Request and Medical Verification Form (optional)</b> – Request form that is found at <a href="http://www.4cd.edu">www.4cd.edu</a> , Select Human Resources, and Benefits.
	<b>State Disability Insurance</b> – Adjunct faculty ONLY – Coordinated through State Disability Office ( <b>800-563-2441</b> ) NOT through the District. NOT paid into by CCCCD for other represented units.
	<b>Leave Dates</b> - Confirm (required) with direct supervisor in order to ensure coverage.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



# LEAVE PLANNING FORM

Maternity/Paternity/Parental/Banked Load/Unpaid

Employee ID: \_\_\_\_\_  Full-time Faculty  Adjunct  Classified  Management  Confidential

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Job Title: \_\_\_\_\_ Supervisor Location: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

**INSTRUCTIONS:** Complete the start date and the end date for the leaves that you plan to take. If you do not know the exact dates, provide estimates. If you do not plan to take the leave, circle no. The leaves mentioned below do not overlap. First, maternity or paternity leave is used. For faculty, sick donation may be used next. In the case of maternity leave, the catastrophic illness requirement as indicated on the sick leave donation form can be met when the doctor indicates the employee is placed on Pregnancy Disability Leave. Next, parental leave is taken (optional). Finally, unpaid leave (optional) can be used. Faculty may use banked load. **Please Note:** Unpaid leave is approved by the employee's supervisor and administrator at the employee's location NOT by District Human Resources.

Type of Leave	Participate	Start Date	End Date	Details	Requirement
<b>Maternity Leave</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			Normally 6 to 8 weeks but maybe longer depending on doctor's note. Employee uses sick leave.	Requires doctor's note showing the first and last day of leave.
<b>Sick Leave Donation (Maternity Leave)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			Faculty ONLY. Please see sick leave donation form found at <a href="http://www.4cd.edu">www.4cd.edu</a> . Select Human Resources, Benefits, and Leaves. Manager requests sick leave donation upon the exhaustion of sick leave for the employee.	The catastrophic illness requirement as indicated on the sick leave donation form can be met when the doctor indicates the employee is placed on Pregnancy Disability Leave.
<b>State Disability Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			Adjunct faculty ONLY. NOT paid into by CCCCD for other represented units.	Coordinated through State Disability Office (800-563-2441) NOT through the District.
<b>Paternity Leave</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			Local 1 and Management Manual - 7 Days Personal Necessity Leave plus if pregnancy disability leave (PDL) 12 days 50% pay. UF – Family Leave (6 days sick leave) plus (if PDL) 12 days differential pay.	Pregnancy disability leave requires doctor's note showing start and end dates.
<b>Parental Leave (optional)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			Requires use of sick leave until exhausted then use of 50% pay or differential/50% pay depending on requirements for represented unit.	Bonding Leave - Taken within 1 year of birth. Maximum 12 weeks. Must complete Parental Leave request form. Must work for the District for 1 year.
<b>Unpaid Leave (optional)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			Requested and approved by the employee's manager and administrator for the college or location. Employee must pay the full premium for their health benefits.	Written requested must be submitted by the employee to the manager and approved by college or location administrator.
<b>Load/Underload Banked (optional)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			Full-time faculty ONLY requests use of banked load/underload	Usage approved by manager/supervisor
<b>FMLA (optional)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			Must complete FMLA Request and Medical Verification Form	Forms found at <a href="http://www.4cd.edu">www.4cd.edu</a> . Select Human Resources, Benefits, and Workers Comp

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



# PARENTAL LEAVE FORM

**Instructions:** When requesting parental leave, complete the form below. Return this form, including supporting documentation, to your manager who will then forward it to the College and District Office Human Resources Department. Please note: you must be scheduled to work in order to use sick leave for parental leave.

## EMPLOYEE

Employee's Name: \_\_\_\_\_ Submission Date: \_\_\_\_\_  
Employee's Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

## PARENTAL LEAVE REQUEST (AB 2393)-Indicate reason for leave below

Birth of Child     Adoption     Foster Care     Verification Attached (required)

Date of Birth, Adoption, Foster Care of Child: \_\_\_\_\_

Date Requested for Leave to Begin: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

Will this leave be taken on an Intermittent Basis?     Yes     No    If "Yes" then attach proposed schedule

Will you be utilizing vacation to supplement your 50% pay if you exhaust your sick leave? (Local 1/Management Council)     Yes     No

- In order to be eligible for Parental Leave, all accrued sick leave must be used first. When regular sick leave is exhausted, depending on contract, the leave status changes to 50% pay (Local 1 and Management Council) or differential pay (UF). Vacation leave can be used to supplement 50% pay (Local 1 and Management Council).
- Employee can use up to 12 workweeks of sick leave to bond with a new child.
- Leave must be taken within 12 months of birth, adoption or foster care.
- Leave may be taken intermittently, but must be taken in blocks of at least two weeks with the exception that shorter blocks of time can be taken twice.
- CFRA runs consecutively with Pregnancy Disability Leave (PDL)
- Employee must have completed at least 12 months of service with CCCC prior to the leave request date, including part-time employees. Employment does not need to be consecutive.
- If the leave is intermittent then the proposed schedule, including vacation (if applicable), must be attached.

## LEAVE APPROVAL RESPONSE –HR USE ONLY

Completed Leave request form received by (print name): \_\_\_\_\_

Date Received: \_\_\_\_\_

Leave has been:     Approved     Denied    Reason for \_\_\_\_\_

Signature of District HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: CCCC, District Office HR Dept., 500 Court Street, Martinez, CA 94553 Fax (925) 229-2490