



**STOCKTON UNIFIED SCHOOL DISTRICT**

**RISK MANAGEMENT**

56 S. Lincoln Street

Stockton CA 95203

Phone (209) 933-7110 • Fax (209) 933-6526

**FAMILY CARE & MEDICAL LEAVE/ CALIFORNIA FAMILY RIGHTS ACT LEAVE  
BABY BONDING REQUEST FORM**

Name: \_\_\_\_\_ SUSD ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hours Worked: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

I am requesting FMLA/CFRA for the period indicated:

Start Date: \_\_\_\_\_ Return to work date: \_\_\_\_\_

Reason for request and date of delivery FMLA/CFRA:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I understand that this leave shall run concurrent with any other leave, paid or unpaid, to which I am otherwise entitled, in compliance with Board Policy 4161.8/4261.8/4361.8.**

**I further understand that if I do not return at the conclusion of my FMLA/CFRA, I may be responsible to reimburse the District for the cost of medical benefits during my leave.**

**I understand that if I am on Unpaid FMLA/CFRA it will result in a pay deduction.**

**Risk Management Use Only:**

Approved  Disapproved:   
(12 months with SUSD to be approved for baby bonding)

**NOTES:**

# of FMLA/CFRA days available: \_\_\_ 60 day \_\_\_\_\_

# of FMLA/CFRA days Used \_\_\_\_\_

Balance Available \_\_\_\_\_

Birth Certificate received: \_\_\_\_\_