

Human Resources

DOCTOR'S RELEASE FROM WORK (FOR PREGNANCY)

This form must be signed by your attending physician before it is sent to the Human Resources Office. If you have any questions regarding Pregnancy Disability Leave, the Family and Medical Leave Act, the California Family Rights Act or your leave benefits per Education Code or Collective Bargaining Agreement, please contact Human Resources at (760) 246-8691 ext. 10242.

SECTION 1 – TO BE COMPLETED BY THE EMPLOYEE		
Employee Name:	Classification	Site/Department
Address		Phone Number:
Email Address:	Date of Request	
Requested Start Date: _____	<input type="checkbox"/> Intermittent or Reduced Work Schedule, please specify leave needs in remarks.	
Anticipated Return Date: _____		
Remarks:		
Have you or will you be filing a supplemental Disability Insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
During Pregnancy Disability Leave paid sick leave benefits are exhausted first and run concurrently with PDLA and/or FMLA. Employees are eligible for Differential Pay upon exhaustion of paid sick leave benefits.		
Employee Signature: _____		Date: _____

SECTION 2 – CLASSIFIED EMPLOYEES ONLY	
Classified Employees may request to utilize vacation time during pregnancy disability leave.	
<input type="checkbox"/> I wish to utilize accrued vacation time as follows:	
<input type="checkbox"/> Immediately after my paid sick leave exhausts	
<input type="checkbox"/> Upon exhaustion of Differential Pay (100 Days)	
<input type="checkbox"/> I do not wish to utilize accrued vacation time	
Employee Signature: _____	Date: _____

SECTION 3 – TO BE COMPLETED BY THE HEALTH CARE PROVIDER	
Date of Today's Visit: _____	
_____	is pregnant and barring any complications, may continue
Patient's Name	
working through: _____	Estimated Delivery Date: _____
Physician's Name: _____	License #: _____
Medical Office: _____	
Phone Number: _____	Fax Number: _____
Physician Signature: _____	Date: _____

