



**PREGNANCY DISABILITY LEAVE REQUEST**

This form is to request leave under the Pregnancy Disability Leave Act. You are eligible for up to 17 1/3 weeks (the equivalent of 693 hours for employees scheduled to work 40 hours per week) of unpaid leave per pregnancy for one of the reasons stated below. Please complete this form along with a Medical Certification Form. Return both forms to Human Resources.

<b>EMPLOYEE COMPLETES</b>	<b>Employee Name</b>	<b>Department Name</b>	<b>Workday Employee ID #</b>	<b>Home Phone</b>
	<b>Employee Complete Mailing Address</b>			
	Have you used PDL in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	<b>Leave Type/ Dates:</b> I hereby request <input type="checkbox"/> Continuous/ <input type="checkbox"/> Intermittent Leave (Check one box) <b>FROM</b> _____ <b>THROUGH</b> _____ (These dates <u>MUST</u> be the exact same dates indicated on the doctor's certification)			
	<b>Leave Reason:</b> <input type="checkbox"/> Employee is unable to perform the essential functions of her job due to a disability by pregnancy, childbirth, or a pregnancy related medical condition. <input type="checkbox"/> The Department is unable to reasonably accommodate or temporarily transfer the employee to a less strenuous or hazardous position for the duration of the pregnancy as requested by employee, with physician certification.			
<b>Supervisor Section</b>	<b>Benefit Payments Agreement – Signature Required</b> While on Pregnancy Disability Leave (PDL), GCCCD will continue paying the employer's premium contribution of your health and welfare benefits. You will be required to pay your regular share of your benefits premiums, if any. If you do not return to work after taking PDL, you will still be responsible for repayment of the employer and employee portion of your health and welfare premiums, if applicable.  Employee Signature _____ Date _____			
	I acknowledge that my employee's absence is preliminarily approved for Pregnancy Disability Leave (PDL) for the dates listed above pending receipt of a completed Certification from a Healthcare Provider and that HR will contact me of any changes.  _____ Supervisor's Signature _____ Date  _____ Supervisor's Printed Name			
<b>Human Resources</b>	PDL is <input type="checkbox"/> Granted <input type="checkbox"/> Not Granted		_____	
	<b>Most recent intermittent PDL hours used if applicable:</b> _____  <b>For the period of:</b> _____ to _____		Signature of Appointing Authority (or designee)  _____ Print Name  _____ Date _____	



## NOTICE OF EMPLOYEE RIGHTS AND OBLIGATIONS

### PREGNANCY DISABILITY LEAVE (PDL)

1. This is a notice to employees eligible for Pregnancy Disability Leave under the District's policies and procedures are established in Governing Board BP 7340.
2. The PDL time you take will be deducted from your annual allotment.
3. PDL may be taken continuously or intermittently. If PDL is taken intermittently, you are required to report to your supervisor and Human Resources when the leave is related to your PDL situation.
4. If you are taking PDL you must provide a medical certification from a physician. If you do not submit a medical certification, PDL may not be granted. Under certain circumstances, re-certification may be required.
5. PDL is an unpaid leave of absence. An employee may be required to use any applicable paid leave balance concurrently with PDL, unless they choose an unpaid leave of absence. Should an employee's leave needs extend beyond their accrued leave balances, they may be eligible to receive additional sick leave compensated at fifty percent (50%) pay. Faculty employees may be eligible for remuneration days. See applicable sections of your collective bargaining agreement for details.
6. While on PDL, GCCCD will continue paying the employer's premium contribution of your health and welfare benefits. You will be required to pay your regular share of your benefits premiums, if any. If your PDL is unpaid, those payments will be collected by way of payroll adjustments upon your return to work. If you do not return to work after taking PDL, you will still be responsible for repayment of the employer and employee portion of your health and welfare premiums, if applicable.
7. When you are returning to work from approved PDL, Human Resources may request a note from your health care provider certifying that you are able to return to work, the date you can return, any limitations or restrictions, and their anticipated duration. If you do not return to work by the first working day following the conclusion of your PDL, and you continue on some other form of District approved leave, the District may require you to complete a Fitness for Duty Evaluation prior to your return to work (pursuant to 29 C.F.R. section 825.312).
8. If you return to work by the first working day following the conclusion of your PDL, you are entitled to return to the same or equivalent position.