



Medical Leave Notification Form

Classified Employees

Instructions: Complete this form to notify HR if you plan to utilize your accrued sick leave or if you will apply for state disability insurance (SDI) during an extended medical leave.

Personal Information	
Name:	
Last 4 Digits of SSN:	
Position:	
Work Location:	
Personal Phone Number:	

Medical Leave Information	
<p>State Disability Insurance (SDI): Approximately 66% of your absence will be covered by SDI and 33% will be deducted from your accrued sick leave each day (100% of the first 5 days will be deducted from sick leave). Accrued sick leave: 100% of your absence will be deducted from your personal sick leave each day.</p>	
Type of leave I will use:	<input type="checkbox"/> Use SDI (complete online SDI application) http://www.edd.ca.gov/Disability <input type="checkbox"/> Use accrued sick leave (submit absence certificates) http://sites.google.com/a/seq.org/suhsd-forms
Anticipated start of leave date:	<input type="checkbox"/> Unknown
Anticipated return to work date:	<input type="checkbox"/> Unknown

By completing this form, I acknowledge that I am notifying HR of my intent to use the type of leave indicated above during my extended medical leave.

Employee Signature

Date

For HR office use only.

Received by: _____

Date received: _____