



SEIU Local 1000
1808 14th Street
Sacramento, California 95811

Request for Paid Leave of Absence

TO

Department Employee Relations Officer _____

Department Mailing Address _____

FROM

SEIU Local 1000 Official Requesting Leave _____

Date _____

Pursuant to the existing contracts between SEIU Local 1000 and the State, SEIU Local 1000 requests a Paid Leave of Absence for the following employee:

- 1) Name of Employee _____
- 2) Social Security Number _____
- 3) Classification _____
- 4) Department _____
- 5) Work Location (Address, City and Zip Code) _____
- 6) Bargaining Unit _____
- 7) Period of Leave _____
- 8) Monthly Salary _____

Departmental billing for reimbursement by SEIU Local 1000 should be forwarded:
Electronically to AccountsPayable@seiu1000.org OR
SEIU Local 1000 – Accounting Manager • P.O. Box 160005 • Sacramento, CA 95816-0005

WAIVER OF CLAIMS AND NOTICE OF ACKNOWLEDGEMENT FOR PAID LEAVE OF ABSENCE

I, (PRINT) X _____, do hereby request a paid leave of absence for the period of

As above in Item 7 ~~XXXX~~ _____, so that I may be able to perform duties on behalf of the SEIU Local 1000.

I understand that if I am injured while on this paid leave of absence, in performance of my SEIU Local 1000 duties or any other activities, that I will not qualify or be eligible for workers' compensation or industrial disability leave benefits from the State of California. And, further, I am not, in fact, on the job nor in the course or scope of my employment with the State of California when I am out on this union paid leave of absence. I understand and acknowledge that all time spent on Union Leave will not count as hours worked toward FMLA eligibility.

I have also been advised that in the event I do file a workers' compensation claim against the State of California, or any agency thereof, for an injury or injuries sustained while on this paid leave of absence, that the SEIU Local 1000 will be required to indemnify and hold harmless the State of California, or agency thereof, from both workers' compensation liability and any costs of legal defense incurred as a result of the filing of my claim.

UPON APPROVAL EMAIL TO SEIU LOCAL 1000 UnionLeave@seiu1000.org or FAX 916-554-1399

Department Employee Relations Officer _____ Date _____

SEIU Local 1000 Representative _____ Date _____

I, (SIGN) X _____, have completely read the above notice prior to my executing my signature and I hereby acknowledge that I fully understand its contents, meaning and significance.

PRINT YOUR NAME HERE

SIGN YOUR NAME HERE

Return to
UnionLeave@seiu1000.org