

## REPRODUCTIVE LOSS LEAVE REQUEST FORM

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This form is to be submitted upon the conclusion of your leave.

Employees should use this form to request time off following a reproductive loss. Eligible employees may take up to five days of Reproductive Loss Leave following a reproductive loss by the employee, by the employee's current spouse or domestic partner, or by another individual if the employee would have been a parent of a child had the reproductive loss not occurred.

"Reproductive loss" means a failed adoption, failed surrogacy, miscarriage, stillbirth, or an unsuccessful assisted reproduction. If an eligible employee experiences more than one reproductive loss, the employee may take up to a total of 20 days of Reproductive Loss Leave within a calendar year (up to 5 days for each reproductive loss). Reproductive Loss Leave may be taken on consecutive or nonconsecutive days.

In general, an eligible employee must complete the Reproductive Loss Leave within three months of the reproductive loss (***Date of Event***). But if the employee is taking leave under any state or federal leave entitlement (such as the Family and Medical Leave Act, the California Family Rights Act, and/or California's Pregnancy Disability Leave Law), prior to or immediately following the reproductive loss, then the employee must complete the Reproductive Loss Leave within three months of the end date of the other leave.

**Employee Name:** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Select one only if your request exceeds the available time as referenced above:**

- I exceeded the available time and will use accrued vacation for the additional leave taken.
- I exceeded the available time and will use unpaid leave for the additional leave taken. I am aware that this may trigger an overpayment and I will need to pay it back.

**Date of Event:** \_\_\_\_\_

**Date Leave Began:** \_\_\_\_\_ **Returned to Work:** \_\_\_\_\_

**Intermittent Leave (provide dates):** \_\_\_\_\_

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**