



**Human Resources Leave Of Absence (LOA),
Family and Medical Leave (FMLA), California Family Rights Act
Leave (CFRA) and/or Pregnancy Disability Leave (PDL) Application**

Return From Leave Form

Instructions:

1. Print or type clearly.
2. This form should only be completed if the employee has returned to work at his or her regular hours and duties. **Employees on modified duty or working a temporary part-time work schedule should not have this form completed until such time as they have returned to work at their regular hours and duties.**
3. Submit your completed request to: **Human Resources – Employee Benefits**, 4th Floor Tower, City Hall, Fax: (408) 999-0862, or Email: HRBenefits@sanjoseca.gov..

Employee Information:

Employee Name:	Employee ID:
Department:	Position:

Return From Leave Information:

Type of leave (check one):

- Employee's serious health condition
- Employee's spouse, registered domestic partner's, parent's, or dependent child's serious health condition
- Care for ill/injured military service member
- Qualifying exigency of military service member
- Child bonding/Paternity
- Pregnancy/Maternity
- Military leave
- Administrative leave
- Other paid or unpaid leave

__ / __ / __

Date of return

Supervisor Verification:

Supervisor (or designee) Name:

Date:

Phone number:

/ /

Supervisor (or designee) Signature:
