

## REQUEST FOR PATERNITY/ MATERNITY LEAVE

DATE \_\_\_\_\_

HUMAN RESOURCES  
DISABILITY LEAVES OFFICE  
SACRAMENTO HALL 162

EMPLOYEE'S NAME: \_\_\_\_\_

BARGAINING UNIT: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

I am requesting to take \_\_\_\_\_ days for paternity/maternity leave  
from \_\_\_\_\_ through \_\_\_\_\_.

Child's estimated date of arrival \_\_\_\_\_.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

### AFTER COMPLETION OF THIS FORM

Please fax copy to: 916-278-3411 AND forward original to JoAnne L. Davis,  
Disabilities Leaves Manager, Sacramento Hall 162 – Campus Zip 6032.