

County of Sonoma – Reproductive Loss Leave Request Form

Employee Name:

Department:

Job title:

Start date of leave:

Dates Employee plans to use the leave:

The reason for Reproductive Loss Leave may include miscarriage, stillbirth, failed surrogacy, failed adoption, or unsuccessful assisted reproduction (embryo transfer or artificial insemination).

Does the reason for the leave fall under one of these categories?

YES NO

Please indicate which type of paid leave accruals you would like to use. **(Check all that apply):**

Vacation hours used

Sick hours used

Compensatory hours used

Compassionate Leave (Compassionate leave is available only for stillbirths and miscarriages and will run concurrently with Reproductive Loss Leave.)

*LWOP will be applied if there are no available accruals.

Employee signature (if available)

Date

Requesting employee: Please return this completed form to your supervisor and department Payroll Clerk with a cc: to your department HR Representative.

Supervisor or HR signature

Date