

County of Sonoma – Reproductive Loss Leave (RLL)

Employee Name: _____ Department: _____

Job title: _____ Start date of leave: _____

Days Employee plans to use the leave: _____

Reason for RRL leave:

- Miscarriage Stillbirth Failed Surrogacy Failed Adoption
- Unsuccessful assisted reproduction (embryo transfer or artificial insemination)

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

___ _ Vacation ALL or hours used _____

___ Sick Pay ALL or hours used _____

___ Comp ALL or hours used _____

___ Combination (If selecting multiple leave accruals, please specify allotment for each above).

___ Compassionate Leave/RLL (If stillborn or miscarriage, indicate Compassionate Leave/RLL – these leaves will run concurrently.)

*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