

## FAMILY AND MEDICAL LEAVE ACT (FMLA) AND CALIFORNIA FAMILY RIGHTS ACT (CFRA)

Employee Last Name	Employee First Name	Employee Middle Name	Date
Division/Unit		Daytime Contact Phone Number	

### Part A. Leave Approval

1. Your leave request is approved on a: ☐ Continuous ☐ Intermittent basis From: \_\_\_\_\_ To: \_\_\_\_\_
2. All leave taken for this reason will be designated as: (check all that apply)  
☐ FMLA ☐ CFRA ☐ Military Caregiver Leave ☐ Qualifying Exigency Leave
3. You must notify us as soon as practicable if the dates of your scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information on the time that will be counted against your leave entitlement:  
☐ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement:  
☐ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your leave entitlement at this time. You have the right to request this information once in a 30 calendar day period (if leave was taken in the 30 calendar day period).
4. Please be advised: (check if applicable):  
☐ You have requested to use paid leave. Any paid leave taken for this reason will count against your FMLA/CFRA leave entitlement.  
☐ You will be required to present a return-to-work certification in order to return to work. If such certification is not timely, your return to work may be delayed until certification is provided. A list of the essential functions of your position ☐ is attached; or ☐ is not attached.  
☐ Other

### Part B. Additional Information Needed

Additional information is needed to determine if your FMLA/CFRA leave request can be approved:

- ☐ The certification you have provided is not complete and sufficient to determine whether the FMLA/CFRA regulations apply to your leave request. You must provide the following information or your leave may be denied. We need the following:
- ☐ We are exercising our right to have you obtain a second or third opinion medical certification at our expense for your serious health condition and we will contact you to provide further details.

### Part C. Leave Denial

#### Check all that apply

- ☐ Your request for the following is not approved:  
☐ FMLA ☐ CFRA ☐ Military Caregiver Leave ☐ Qualifying Exigency Leave
- ☐ The applicable leave regulations do not apply to your request.
- ☐ Complete and sufficient certification was not provided.
- ☐ You have exhausted your leave entitlement in the applicable 12-month period.
- ☐ Other/Comment: \_\_\_\_\_

Human Resources Representative Signature:	Date
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### PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) requires this notice be provided when collecting personal information from individuals.

Information requested on this form is used by your department for purposes of determining your eligibility for FMLA/CFRA, FMLA Military Caregiver, or FMLA Qualifying Exigency benefits. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in a delay in processing your request.