



Food Services Division

Family & Medical Leave Act (FMLA)

California Family Rights Act (CFRA)

FMLA/CFRA MAIL TRANSMITTAL

(PLEASE NOTE: FAXED AND EMAILED COPIES ARE NOT ACCEPTED)

MAIL ORIGINALS DIRECTLY TO:

FOOD SERVICES FMLA

BEAUDRY BLDG - 28TH FLOOR

DATE: _____

TO: **FOOD SERVICES FMLA**

FROM: **Manager/Supervisor's Name** _____

Manager/Supervisor's Tel No. _____

Name of Location _____

SUBJECT: **Employee's Name** _____ **EN** _____

_____ **Date employee was given FMLA-1a**

_____ **Date employee was given Certification form**

Did the employee return the Certification form? ___ Yes ___ No

_____ **Date intermittent absences began or are expected to begin**

_____ **Date continuous absence began or is expected to begin**

Please check one of the following:

___ **Absence is for the employee's serious health condition.**

___ **Absence is for a family member's serious health condition.**

___ **Absence is for a family member in the military**

___ **Absence is for child bonding**

Food Services Division website: <http://cafe-la.lausd.net>

FMLA/CFRA Inquiries: Email - FoodServicesFMLA@lausd.net;

Telephone: North HR Rep 213.241.3052, East HR Rep 213.241.0768, West HR Rep 213.241.3331,

South HR Dep 213.241.1504

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