



CITY OF PETALUMA
Family, Medical, or Pregnancy Leave
Notification/Request/Response Form

You have requested leave which is covered under the federal Family Medical Leave Act (FMLA). This notice confirms your eligibility, the terms of your leave, and provides information on your rights and responsibilities under the FMLA. This form meets requirements of the California Family Rights Act (CRFA) and FMLA.

To request such leave, please complete the employee section of this leave request form, attach the appropriate **certification**, and forward to Human Resources for processing.

I. LEAVE REQUEST – to be completed by Employee and forwarded to Human Resources

Employee Name

Date of Request

Department / Division and Position Title

Date of Hire

I am requesting Family Medical Leave for the following reason (check one):

- Care for Newborn or Newly Placed Child
- My Own Serious Health Condition
- Care for Family Member with Serious Health Condition
- Disability by Pregnancy, Childbirth, or Related Medical Conditions

Military Family Leave Entitlement (check one):

- To assist a child, spouse, or parent who is in the National Guard or Reserves with a “qualifying exigency”¹ related to active Military duty or a call to active Military duty status.
- To care for a child, spouse, parent, or “next of kin”² who is a covered servicemember of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on active Military duty.

I am requesting leave to begin: _____ Expected duration of leave: _____

- Regular Leave
- Intermittent Leave
- Reduced Leave Schedule

Note: Attach Medical Certification or Attach Certification from the Department of Defense or Department of Veterans Affairs

Employee Signature _____ Date _____

¹ See Section IV. of Family Medical Leave Notification/Request/Response Form

² See Section IV. of Family Medical Leave Notification/Request/Response Form

II. ELIGIBILITY - to be completed by Human Resources and forwarded to Employee

Employee Name: _____ Employee #: _____

Your request for leave is approved for the period of: _____ to _____

Your approved leave will be counted towards the following leave entitlement: FMLA CFRA CPDL

Leave Records indicate that you have the following accrued leave balances as of: _____

Sick leave _____ Vacation _____ Accrued comp time _____ Other _____

Your request for leave is not approved because:

Human Resources Signature: _____ Date _____

III . THE NEXT STEP - to be completed by Employee and forward to Supervisor or Department Director

Employee to complete **Request for Leave or Notification of Absence form**, attach this approved request, and forward your **Request for Leave** to your Supervisor or Department Director for signature.

HR forms are found on the City's web site at <http://cityofpetaluma.net/hr/forms.html>

IV . EMPLOYEE RIGHTS AND RESPONSIBILITIES - Under the Family Medical Leave Act

Basic Leave Entitlement

- FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:
- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, or daughter, or parent who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlement

Qualifying Exigency Leave. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Military Caregiver Leave. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period.

A covered servicemember is a current member of the Armed forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in the outpatient status; or is on the temporary disability retired list.

Next of Kin of a Covered Servicemember

The nearest blood relative other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under FMLA.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leaves while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Employer's Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for ineligibility.

Unlawful Acts by Employers

- FMLA makes it unlawful for any employer to: Interfere with, restrain, or deny the exercise of any right provided under FMLA:
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining which provides greater family or medical leave rights.

California Family Rights Act (CFRA)

Employee rights, responsibilities, eligibility requirements and entitlements under CFRA are extremely similar to those of FMLA. One exception is disability due to pregnancy, childbirth, or related medical leave. Leaves for pregnancy disability are not covered by CFRA (only by FMLA and PDL). CFRA, however, permits leave to bond and/or care for a child (following birth, adoption or foster placement) for up to 12 weeks in addition to disability leave. This is commonly called "bonding leave". Bonding leave must be completed within one year of the birth or placement of the child.

The other exception is that CFRA includes leave to care for a domestic partner with a serious condition. FMLA does not.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:
1-866-4US WAGE (1-866-487-9243) TTY: 1-877-889-5627
www.wagehour.dol.gov