



FAMILY AND MEDICAL LEAVE (FMLA/CFRA) NOTICE AND REQUEST FORM

Notice to Employee: If the leave you are requesting meets the federal and/or state Family and Medical Leave (FMLA/CFRA) requirements, you should be aware of the following rights and obligations:

- The period of this leave will be counted as federal/state Family and Medical Leave in determining your future eligibility for additional FMLA/CFRA leaves.
- If your leave is due to a serious health condition (either your own, your spouse's or your child's), you must provide medical certification within 15 days. Approval of your leave may be delayed until you comply with certification requirements. Prior to returning to work, you will be required to present a "fitness for duty" certificate if the leave is due to your own health condition.
- If your leave is due to caring for a family member who sustains a serious injury or illness or a "qualifying exigency" that arises from the family member's line of duty in the US Armed Services, medical certifications will be required. Family is defined as spouse, registered domestic partner, son, daughter, or parent of employee in the US Armed Forces. **Additional information available in Human Resources.**
- Unless you are covered by a bargaining agreement which states otherwise, your sick leave, personal holiday and any accumulated vacation and CTO leave credits will be used prior to placing you on unpaid leave of absence.
- For the period of unpaid FMLA/CFRA, the CSU will continue to pay its portion of your medical, dental and vision premiums. An accounts receivable will be established for any employee premiums required during the unpaid portion of your leave. If you wish to discontinue medical coverage during the unpaid leave, you may reinstate it upon return.
- If you do not return from FMLA/CFRA leave, the CSU may require you to reimburse it for medical, dental and vision premiums paid on your behalf during the unpaid portion of your leave. However, no reimbursement will be required if you do not return because of a serious health condition or if you are unable to return due to circumstances which are outside of your control.
- Upon your return to work from an FMLA/CFRA leave of absence, you have the right to reinstate to the same position or to another position with equivalent benefits, pay and conditions of employment. However, you will have no different rights than if you were actively at work rather than on leave; this exception could affect your reinstatement in the case of layoff, for example.

A. Employee Leave Request: I request FMLA/CFRA leave for the following reason (check one):

☐ **Own illness:**

☐ **Care for family member (Specify Relationship):** _____

☐ **Parental Leave- Please circle one:** Maternity/Paternity/Adoption/Foster placement

☐ **Care for Family Member in Military**

☐ **Qualifying Military Exigency Leave**

☐ **Other (Please Specify):** _____

B. Expected last day worked (MM/DD/YY): _____ **Expected return to work date (MM/DD/YY):** _____

FMLA Request for: ☐ **Full-Time** ☐ **Partial Leave/Reduced Schedule** ☐ **Intermittent**

C. Employee Name (Please Print): _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Preferred phone number while on leave: _____ **Office phone number:** _____

Department: _____

Signature: _____ **Date:** _____

Note: This form is **NOT** to be used for Workers' Compensation claims.

**Mail this form to: The Center for Human Resources- 5500 Campanile Drive, San Diego, CA 92182-1625 OR
Fax to: 619-594-4013**