



Approval Designation Notice

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)
Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

EE Name:
EMP #:

SECTION I: For Completion by the Supervisor

INSTRUCTIONS: Complete before giving this form to the employee.

Form with fields for School Site/Division, Supervisor/Administrator, Date, Employee Name, and Employee #.

Your request has been reviewed along with any supporting documentation. Your protected leave (absence) request is approved based on your first leave of absence date. All leave (absences) taken for the reason(s) indicated below will be designated under FMLA, CFRA, PDL, and/or PPL, as appropriate.

Self:

- Checkboxes for: Your own serious health condition under FMLA and/or CFRA; Your own physical or mental condition related to pregnancy or childbirth under PDL with or without FMLA.

Family Member:

- Checkboxes for: The serious health condition, including incapacity due to pregnancy, of your spouse, child, or parent under FMLA and/or CFRA; The serious health condition, including incapacity due to pregnancy, of your registered domestic partner, grandparent, grandchild, designated person, or sibling under CFRA only.

Family Member Name: Relationship:

Bonding/Parental Leave:

- Checkboxes for: The birth of a child, or placement of a child with the employee for adoption or foster care, and to bond with the newborn or newly-placed child under FMLA and/or CFRA; To bond with the newborn or newly-placed child under Paid Parental Leave (PPL).

Child's Name: Date of Birth/Placement:

Military Exigency & Caregiver:

- Checkboxes for: A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty, and has been notified of an impending call or order to covered active duty with the US Armed Forces under FMLA and/or CFRA; A serious injury or illness of a covered servicemember where you are the Military Caregiver of your spouse, child, parent, or next of kin under FMLA only.

Family Member Name: Relationship:

- Bullet points detailing FMLA and CFRA entitlement (up to 12 workweeks), PDL entitlement (up to 18 workweeks), PPL entitlement (up to 12 workweeks), and FMLA entitlement for Military Caregiver Leave (up to 26 workweeks).

Any paid leave for any reason(s) indicated above will count against your protected leave entitlement.

This letter was delivered via:

- Hand Delivered, Regular Postal Mail, Email, Certified: Postal Mail #, Other



Approval Designation Notice

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)
Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

EE Name:
EMP #:

Based on the information you have provided to date; we are providing the following information about your eligibility period and the amount of time that will be counted against your leave entitlement:

Table with 2 columns: Current FMLA/CFRA Year: (Includes PPL) and From: Through:; You previously used: (weeks/days/hours) of protected time during the current FMLA year.

Current PDL Entitlement Start Date:
You previously used: (weeks/days/hours) of protected time during the current PDL entitlement.

Scheduled Leave

Provided there is no deviation from your anticipated leave schedule: FMLA/CFRA/PDL/PPL Days/Weeks:

Single Continuous Period of Time:

From: Through:

Reduced Schedule Leave (Part-time or Reduced Schedule Work Hours):

Hours per day Days per week; From Through

Unscheduled (Intermittent) Leave (Absence)

Because the leave you will need will be unscheduled (intermittent), it is not possible to provide the hours, days, or weeks that will be counted against your FMLA/CFRA/PDL entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Time off for Medical Appointments or Treatment:

Frequency: Times per: Week(s) / or Month(s)
Duration: Hour(s) / or Day(s) per episode
CERTIFICATION DURATION: From: Through:

Intermittent Leave for Flare-ups related to the specific health condition/qualifying event identified on your certification only:

Frequency: Times per: Week(s) / or Month(s)
Duration: Hour(s) / or Day(s) per episode
CERTIFICATION DURATION: From: Through:

NOTES:

FMLA/CFRA/PDL/PPL requires that you comply with usual and customary call-in and reporting procedures at your work location and Collective Bargaining Agreement, specify your time away is FMLA/CFRA/PDL/PPL-related, and notify your site as soon as practicable if dates of scheduled leave change or are extended.