



LOS ANGELES UNIFIED SCHOOL DISTRICT
Designation Not Approved Notice

ATTACHMENT D
EE Name:
EMP #:

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

SECTION I: For Completion by the Supervisor

INSTRUCTIONS: Complete before giving this form to the employee.

School Site/Division	
Supervisor/Administrator	Date
Employee Name	Employee #

Your request has been reviewed along with any supporting documentation. **Your protected leave request has NOT been approved based on your first leave of absence date of _____.** All leaves (absences) taken for the reason(s) indicated below will not be designated under FMLA, CFRA, PDL, and/or PPL, as appropriate. *(Check all that apply)*

Eligibility:

- You did not meet the 12 months of employment with the District within the past seven (7) years eligibility requirement under FMLA, CFRA, and/or PPL.
 - Months of Service as of your first leave of absence date: _____.
- You did not meet the 130 days worked (1250 hours worked for units A, E, & G and Classified Substitutes) in the 12 months immediately preceding your first leave of absence date eligibility requirement under FMLA/CFRA.
 - Days (Hours) Worked as of your first leave of absence date: _____.
- Your FMLA, CFRA, and/or PPL Bonding/Parental Leave eligibility previously exhausted effective _____. Bonding/Parental Leave must be completed by your birth child's first birthday or the one-year anniversary of the placement date of your adopted or foster care child.
 - Child's Name: _____ Date of Birth/Placement: _____

Certification:

- You either did not submit the required documentation to support FMLA/CFRA/PDL/PPL within 15 calendar days of receiving it or provide a reasonable explanation for the delay.
 - Health Care Provider Certification for your own serious health condition or a family member's serious health condition.
 - Evidence of Relationship for Bonding/Parental Leave.
 - Certification of Qualifying Exigency for Military Family Leave and/or Supporting Documentation.
 Your absences in connection with this request will NOT be designated as job-protected effective: _____ and continuing until the date required documentation has been submitted for review.
- Additional information is required to determine if your leave (absence) request is covered under FMLA/CFRA/PDL/PPL. **(You must provide the requested information listed under "Required Documentation" below no later than seven (7) calendar days from the receipt of this notice or provide a reasonable explanation for the delay or your request may be denied.)**
 - Health Care Provider Certification form provided is either incomplete and/or insufficient to determine whether FMLA/CFRA/PDL applies to your leave (absence) request.
 - Evidence of Relationship provided is either incomplete and/or insufficient to determine whether FMLA/CFRA/PPL applies to your leave (absence) request.
 - Certification of Qualifying Exigency form and/or supporting documentation provided is either incomplete and/or insufficient to determine whether FMLA/CFRA applies to your leave (absence) request.
 - Required Documentation: _____



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Leave Reason:

FMLA/CFRA/PDL/PPL does not apply to your leave request.

Request/Leave (Absence) Reason: _____.

Leave (Absence) reasons covered under FMLA/CFRA/PDL/PPL:

- ✓ The birth of (or bonding with) your new child;
- ✓ Placement in your home of a new child by adoption or foster care;
- ✓ Your own serious health condition;
- ✓ Serious Health Condition of your covered family member that requires your participation and/or care;
- ✓ Military Exigency Leave; or,
- ✓ Military Servicemember (caregiver) Leave

Entitlement:

You previously exhausted your 12 workweeks of FMLA protection (26 workweeks of Military Caregiver leave) entitlement effective _____.

Your current FMLA Year is from: _____ through _____.

You previously exhausted your 12 workweeks of CFRA leave entitlement effective _____.

You previously exhausted your 18 workweeks of PDL leave entitlement effective _____.

You previously exhausted your 12 workweeks of PPL leave entitlement effective _____.

This letter was delivered via:

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