



Exhaustion of Protected Leave Notice

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.

Table with 2 columns and 3 rows: School Site/Division, Supervisor/Administrator, Employee Name; Date, Employee #

The purpose of this notice is to advise you that you have exhausted your job-protected leave entitlement and/or eligibility as follows: (check all that apply)

[ ] Family Medical Leave Act (FMLA) provides up to 12 workweeks (26 workweeks for Military Caregiver) of job-protected leave for qualifying reasons in a 12-month period measured forward from an eligible employee's first absence date.

Your current FMLA Year is from: \_\_\_\_\_ through \_\_\_\_\_.

[ ] Your 12 workweeks of leave entitlement exhausted as of \_\_\_\_\_ and the protections afforded under FMLA have ended; and/or

[ ] Your 12 months of leave eligibility ended as of \_\_\_\_\_ and the protections afforded under FMLA have ended.

[ ] California Family Rights Act (CFRA) provides up to 12 workweeks of job-protected leave for qualifying reasons in a 12-month period measured forward from an eligible employee's first leave of absence date.

Your current CFRA Year is from: \_\_\_\_\_ through \_\_\_\_\_.

[ ] Your 12 workweeks of leave entitlement exhausted as of \_\_\_\_\_ and the protections afforded under CFRA have ended; and/or

[ ] Your 12 months of leave eligibility ended as of \_\_\_\_\_ and the protections afforded under CFRA have ended.

[ ] Pregnancy Disability Leave (PDL) provides up to 18 workweeks of job-protected leave per pregnancy measured forward from an eligible employee's first leave of absence date.

[ ] Your 18 workweeks leave entitlement exhausted as of \_\_\_\_\_ and the protections afforded under PDL have ended.

[ ] Paid Parental Leave (PPL) provides up to 12 workweeks of paid, job-protected leave for qualifying reasons in a 12-month period. PPL 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.

Your current PPL Year is from: \_\_\_\_\_ through \_\_\_\_\_.

[ ] Your 12 workweeks of leave entitlement exhausted as of \_\_\_\_\_ and the protections afforded under PPL have ended; and/or

[ ] Your 12 months of leave eligibility ended as of \_\_\_\_\_ and the protections afforded under PPL have ended.

Child's Name: \_\_\_\_\_ Date of Birth/Placement: \_\_\_\_\_

This letter was delivered via:

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