

# **Designation Not Approved Notice**

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

<b>INSTRUCTIONS:</b> 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 docume based on your first absence date of NOT be designated under FMLA, CFRA, PDL, and/or PPL, as appropri	All leave (absences) taken for the reason(s) indicated below will
Eligibility:	
□ You did not meet the 12 months of employment with the District FMLA, CFRA and/or PPL.	within the past seven (7) years eligibility requirement under
$\Box$ Months of Service as of your first absence date:	·
☐ You did not meet the 130 days worked (1250 hours worked for u immediately preceding your first absence date eligibility require ☐ Days (Hours) Worked as of your first absence date:	ment under FMLA/CFRA.
□ Your FMLA, CFRA, and/or PPL Bonding/Parental Leave eligibility p Bonding/Parental Leave must be completed by your birth child's of your adopted or foster care child.	reviously exhausted effective first birthday or the one-year anniversary of the placement date
Child's Name:	Date of Birth/Placement:
Certification:	
You either did not submit the required documentation to suppor provide a reasonable explanation for the delay.	t FMLA/CFRA/PDL/PPL within 15 calendar days of receiving it or
☐ You either did not submit the required documentation to suppor provide a reasonable explanation for the delay.	t FMLA/CFRA/PDL/PPL within 15 calendar days of receiving it or nealth condition or a family member's serious health condition.
☐ You either did not submit the required documentation to suppor provide a reasonable explanation for the delay.	
☐ You either did not submit the required documentation to suppor provide a reasonable explanation for the delay. ☐ Health Care Provider Certification for your own serious I	nealth condition or a family member's serious health condition.
<ul> <li>You either did not submit the required documentation to suppor provide a reasonable explanation for the delay.</li> <li>Health Care Provider Certification for your own serious I</li> <li>Evidence of Relationship for Bonding/Parental Leave.</li> </ul>	nealth condition or a family member's serious health condition. Nave and/or Supporting Documentation. Nated as job-protected effective: and
<ul> <li>You either did not submit the required documentation to suppor provide a reasonable explanation for the delay.</li> <li>Health Care Provider Certification for your own serious I</li> <li>Evidence of Relationship for Bonding/Parental Leave.</li> <li>Certification of Qualifying Exigency for Military Family Leave Your absences in connection with this request will NOT be design</li> </ul>	health condition or a family member's serious health condition. have and/or Supporting Documentation. hated as job-protected effective: and hitted for review. hence) request is covered under FMLA/CFRA/PDL/PPL. (You must hentation" below no later than seven (7) calendar days from the
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### LOS ANGELES UNIFIED SCHOOL DISTRICT

EE Name: EMP #:



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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;
<ul> <li>Serious Health Condition of your covered family member that requires your participation and/or care;</li> <li>Military Exigency Leave; or,</li> <li>Military Servicemember (caregiver) Leave</li> </ul>
• Wintary Servicementber (caregiver) Leave

## Entitlement:

□You previously exhausted your 12 workweeks of FML effective	A leave (26 workweeks of Military Caregive	r leave) entitlement
Your current FMLA Year is from:	through	·
□ You previously exhausted your 12 workweeks of CFRA	A leave entitlement effective	
Your current CFRA Year is from:	through	·
□You previously exhausted your 18 workweeks PDL lea	ve entitlement effective	·
□You previously exhausted your 12 workweeks of PPL I	eave entitlement effective	
Your current PPL Year is from:	through	