

Designation Not Approved Notice

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

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 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.
 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 Evidence of Relationship for Bonding/Parental Leave. 	nealth condition or a family member's serious health condition. Nave and/or Supporting Documentation. Nated as job-protected effective: and
 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 Evidence of Relationship for Bonding/Parental Leave. Certification of Qualifying Exigency for Military Family Leave Your absences in connection with this request will NOT be design 	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
 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 Evidence of Relationship for Bonding/Parental Leave. Certification of Qualifying Exigency for Military Family Leave Your absences in connection with this request will NOT be design continuing until the date required documentation has been subr Additional information is required to determine if your leave (absorbed to determine if your leave to documentation listed under "Required Documentation" <td>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 entation" below no later than seven (7) calendar days from the elay or your request may be denied.) r incomplete and/or insufficient to determine whether</td>	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 entation" below no later than seven (7) calendar days from the elay or your request may be denied.) r incomplete and/or insufficient to determine whether
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LOS ANGELES UNIFIED SCHOOL DISTRICT

EE Name: EMP #:



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

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
• 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	