



Approval Designation 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.

School Site/Division

Supervisor/Administrator

Date

Employee Name

Employee #

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

Self:

- 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. CFRA is excluded from running concurrently with PDL.

Family Member:

- 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, or sibling under CFRA only.

Family Member Name: Relationship:

Bonding/Parental Leave:

- 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. Bonding must be completed by your child's first birthday or within 12 months of your first absence date for the purposes of the placement of your adopted or foster child.
To bond with the newborn or newly-placed child under Paid Parental Leave (PPL). PPL must be completed by your child's first birthday or the first anniversary of the date your adopted or foster child was legally and physically placed in your home.

Child's Name: Date of Birth/Placement:

Military Exigency & Caregiver:

- A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty, 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:

- FMLA and CFRA entitles you to up to 12 workweeks of job-protected time in a 12-month period measured forward from your first absence date.
PDL entitles you to up to 18 workweeks job-protected time per pregnancy measured forward from your first absence date.
PPL entitles you to up to 12 workweeks of job-protected time in a 12-month period measured forward from your first absence date.
FMLA entitles you to up to 26 workweeks for Military Caregiver Leave of job-protected time in a 12-month period measured forward from your first absence date. The 12 workweeks of FMLA for all other qualifying reasons is included in the 26 workweeks for Military Caregiver Leave.

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:



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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:

Current FMLA Year: From: Through:

You previously used: (weeks/days/hours) of protected time during the current FMLA year.

Current CFRA Year: From: Through:

You previously used: (weeks/days/hours) of protected time during the current CFRA year.

Current PPL Year: From: Through:

You previously used: (weeks/days/hours) of protected time during the current PPL year.

Current PDL Entitlement Start Date:

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

Scheduled Leave (Absence)

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 site 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.

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