



Designation Not Approved 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 request has NOT been approved based on your first absence date of ... All leave (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:

- Checkboxes for eligibility requirements: 12 months of employment, 130 days worked, FMLA/CFRA/PPL bonding/parental leave eligibility previously exhausted.

Certification:

- Checkboxes for certification requirements: documentation submitted within 15 days, health care provider certification, evidence of relationship, certification of qualifying exigency.

This letter was delivered via:

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



**Designation Not Approved Notice**

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

**Entitlement:**

You previously exhausted your 12 workweeks of FMLA leave (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 \_\_\_\_\_.

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

You previously exhausted your 18 workweeks PDL leave entitlement effective \_\_\_\_\_.

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

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

This letter was delivered via:

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

Other: