

## **Designation Notice**

California Department of Human Resources State of California

## FAMILY AND MEDICAL LEAVE ACT (FMLA) CALIFORNIA FAMILY RIGHTS ACT (CFRA) PREGNANCY DISABILITY LEAVE (PDL)

1. Employee Last Name	2. Employee First Name	3. Employee Middle Name	4. Date	
5. Division/Unit		6. Telephone Number		
Part A: Leave Approval				
1. Your leave request is appro	ved on a:			
☐ Continuous basis				
☐ Intermittent basis From: To:				
2. All leave taken for this reaso	on will be designated as: (ched ☐ PDL	ck all that apply)		
For the Following Reasons  Your own serious here Care of a family ment Bonding leave Military Caregiver Le Qualifying Exigency Disability caused by Other	alth condition nber ave Leave			
providing the following informula provided there is no dev	as practicable if the dates of y nknown. Based on the informa mation on the time that will be viation from your anticipated le vill be counted against your lea	tion you have provided to da counted against your leave of ave schedule, the following r	ite, we are entitlement:	
4. Please be advised: (check i  ☐ You have requested to u your FMLA/CFRA/PDL	use paid leave. Any paid leave	taken for this reason will co	unt against	

Part B: Additional Information Needed				
<ol> <li>Additional information is needed to determine if yoapproved:</li> </ol>	our FMLA/CFRA/PDL leave request can be			
The certification you provided is not complete and sufficient to determine whether the FMLA/ CFRA/PDL apply to your leave request. You must provide the following information or your leave may be denied:				
_ ,	a second or third opinion medical certification at and we will contact you to provide further details			
Part C: Leave Denial				
<ol> <li>Check all that apply:</li> <li>Your request for the following is not approved</li> <li>FMLA</li> <li>CFRA</li> <li>PDL</li> <li>The applicable leave regulations do not apply to y</li> <li>Complete and sufficient certification was not provided and sufficient certification was not provided and provided and</li></ol>	ided			
Printed Name of HR Representative	Signature of HR Representative Date			
Privacy	Notice			
This notice is provided pursuant to the Information P The department listed below is requesting the inform Department/Division				
The information collected will be used for purposes of benefits.	of determining your eligibility for FMLA/CFRA/PDL			
Individuals should not provide personal information t	hat is not requested or required.			
The submission of all information requested is mand the information requested, there may be a delay in p				

Department Privacy Policy
The information collected by the department above is subject to the limitations in the Information
Practices Act of 1977 and state policy. For more information on how we care for your personal
information, please read our Privacy Policy.
Access to Your Information
Information provided on this form will be maintained by the department above pursuant to the State
Records Management Act. Individuals have the right of access to copies of this form on request. Send
requests to:
Department Contact Information