



Family, Medical, or Pregnancy Leave Notification/Request/Response Form

You have requested leave which is covered under the federal Family Medical Leave Act (FMLA) and/or California Family Rights Act (CRFA). This notice confirms your eligibility, the terms of your leave, and provides information on your rights and responsibilities under the FMLA. This form meets requirements of the CRFA and FMLA.

To request such leave, please complete the employee section of this leave request form, attach the appropriate certification, and forward to Human Resources for processing.

I. LEAVE REQUEST – to be completed by Employee and forwarded to Human Resources

Employee Name

Date of Request

Department/Division and Position Title

Employee ID

Date of Hire

I am requesting Family Medical Leave for the following reason (check one):

- Care for Newborn or Newly Placed Child
- My Own Serious Health Condition
- Care for Family Member with Serious Health Condition
- Disability by Pregnancy, Childbirth, or Related Medical Conditions

Military Family Leave Entitlement (check one):

- To assist a child, spouse, or parent who is in the National Guard or Reserves with a “qualifying exigency” related to active Military duty or a call to active Military duty status.
- To care for a child, spouse, parent, or “next of kin” who is a covered service member of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on active Military duty.

Accrued Leave: Leave under this policy is unpaid. However, an employee may request to use any earned or accrued paid leave while on a designated, job protected leave(s).

Important Notice: During UNPAID LEAVE, the following occurs:

- Employee (and family if applicable) premium portion of group health, dental, vision, life and any additional optional employee enrolled benefits will be paid by the employee directly to the City of Petaluma.

- Vacation and Sick Leave will not accrue, nor will the employee be eligible for any payments for time off work.
- Both the City's and the employee's contributions to the employees' retirement plan are discontinued and benefits do not accrue, nor can they be withdrawn, nor are they forfeited. An unpaid leave is reported to CalPERS.
- If you are receiving Cash-In-Lieu payments for Medical and/or Dental Benefits, payments will continue while you are on a designated, job protected leave(s).

Please check one:

- I have read and understood the foregoing important notice and opt for UNPAID LEAVE. I select the option to NOT have my accrued leave(s) used.
- I have read and understood the foregoing important notice and opt for PAID LEAVE. I select the option to have my accrued leave(s) used.

If you are selecting the option to use your accrued leave(s) please specify which accrued leave(s) you wish to use, specific amounts, and any specific order in which you wish to use your accrued leave(s): _____

I am requesting leave to begin: _____ Expected duration of leave: _____.

- Regular Leave
- Intermittent Leave
- Reduced Leave Schedule

Note: Attach Medical Certification or Attach Certification from the Department of Defense or Department of Veterans Affairs

Employee Signature _____ Date _____

II. ELIGIBILITY - to be completed by Human Resources

Employee Name: _____ Employee #: _____

Your leave is approved for the period of: _____ **to** _____

Your approved leave will be counted towards the following leave entitlement:

- FMLA
- CFRA
- CPDL

Leave Records indicate that you have the following accrued leave balances as of:

Sick leave _____ Vacation _____ Accrued comp time _____ Other _____

Your request for leave is not approved because: _____

Human Resources Signature: _____ Date: _____