

**FAMILY & MEDICAL LEAVE REQUEST**

DFW 1067 (NEW 07/17/18)

Employee Information & Request		
Employee's Name		Employee's Phone Number
Classification & Position Number		Region/Division/
Immediate Supervisor's Name		<input type="checkbox"/> 1st time request <input type="checkbox"/> Extension
Start Date	End Date	Return to Work Date
<i>Please check all applicable boxes</i>		
<input type="checkbox"/> Pregnancy Disability Leave (PDL) <input type="checkbox"/> Bonding Leave <input type="checkbox"/> Employee's Serious Health Condition <input type="checkbox"/> Family Member's Serious Health Condition <input type="checkbox"/> Military Exigency Leave <input type="checkbox"/> Military Caregiver Leave		<b>For Bonding Leave only:</b> Does your spouse work for the State of California? <input type="checkbox"/> Yes, Department: _____ <input type="checkbox"/> No
<i>Employee must complete above sections, sign below, and route to their Medical/Disability Services Unit (MDSU) Analyst. PDL requests MUST include certification of pregnancy related disability.</i>		
Employee's Signature		Date
HRB USE ONLY		
<i>MDSU Eligibility Determination</i>		
Employee has physically worked at least 1250 hours in the last 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No. Hours worked: _____ <input type="checkbox"/> N/A		Employee has worked 12 months with the State of California: <input type="checkbox"/> Yes <input type="checkbox"/> No. Months worked: _____ <input type="checkbox"/> N/A
Employee is <input type="checkbox"/> <b>Eligible</b> / <input type="checkbox"/> <b>Not Eligible</b> for requested leave. <input type="checkbox"/> N/A - PDL Approved		
MDSU Analyst's Name		Date Eligibility Notice sent to Employee <b>(MUST send within 5 calendar days of receiving request)</b> _____
MDSU Analyst's Signature		
<i>Personnel Specialist will contact employee to complete this section</i>		
<b>Paid/Unpaid Leave</b> Employee elects: <input type="checkbox"/> Paid or <input type="checkbox"/> Unpaid leave.		
<b>Wage Benefit Replacement (Disability Insurance)-</b> Select <u>only</u> if applying <input type="checkbox"/> State Disability Insurance (SDI) for Bargaining Unit 1, 4, 11, and 14 <input type="checkbox"/> Non-Disability Insurance (NDI) or <input type="checkbox"/> Enhanced Non-Disability Insurance (ENDI)		
Personnel Specialist's Name		Date Employee Contacted to complete form: _____
Personnel Specialist's Signature		Personnel Specialist Supervisor's Signature

Distribution:

1. HRB MDSU Unit (Original)
2. Personnel Specialist (Copy)

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## Request Procedures for FMLA/CFRA

1. Employee completes the Family & Medical Leave Request form (DFW1067) 30 days in advance of a foreseen leave or as soon as practicable. Once complete, employee submits to the MDSU.
2. The MDSU will process the DFW 1067 and notify the employee of their Eligibility within 5 business days of receiving DFW 1067. Eligibility Determinations are sent via email to the employee's work email and via United States Postal Service to the employee's home address on file.
3. The employee will have 15 calendar days from the date of Eligibility Determination to provide the MDSU of the appropriate certification.
4. The MDSU will provide the employee with an approval or denial of the leave request within 5 business days of receiving the required certification. This Designation Notice will be sent via email to the employee's work email and via United States Postal Service to the employee's home address on file.

## Request Procedures for PDL

1. Employee completes the Family & Medical Leave Request form (DFW 1067) 30 days in advance of a foreseen leave or as soon as practicable. Employee must also attach medical certification for the pregnancy-related disability and submit to the MDSU.
2. The MDSU will provide the employee with an approval or denial of the PDL leave request within 5 business days of receiving the required certification. Additionally, the MDSU will provide the employee with an approval or denial of FMLA for a pregnancy-related disability within 5 business days of receiving the required certification. This Designation Notice will be sent via email to the employee's work email and via United States Postal Service to the employee's home address on file.

\*PDL does not require an eligibility determination, however the MDSU will determine FMLA eligibility for all PDL requests. PDL approval requires only medical certification, unlike FMLA which requires additional eligibility criteria. Employees may be approved for FMLA and PDL concurrently, or PDL only.

For more information, please see the Family Medical/Pregnancy Disability Leave Policy Section 12440 or contact the Human Resources Branch Medical/Disability Services Unit at (916) 653-3612.