

FAMILY & MEDICAL LEAVE REQUEST

DFW 1067 (NEW 07/17/18)

| Employee Information & Request | | |
|---|----------|--|
| Employee's Name | | Employee's Phone Number |
| Classification & Position Number | | Unit/Branch/Division |
| Supervisor's Name | | <input type="checkbox"/> Initial Request or <input type="checkbox"/> Extension Request |
| 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 | | For Bonding Leave only: 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.</i> | | |
| Employee's Signature | | Date |
| HRB USE ONLY | | |
| <i>Medical/Disability Services Unit 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 (PDL) | | Employee has worked 12 consecutive months with the State of California: <input type="checkbox"/> Yes <input type="checkbox"/> No. Months worked: _____ |
| Employee is <input type="checkbox"/> Eligible / <input type="checkbox"/> Not Eligible for requested leave. | | |
| MDSU Analyst's Name | | Date Eligibility Notice sent to Employee (MUST send within 5 calendar days of receiving request) _____ |
| MDSU Analyst's Signature | | |
| <i>Personnel Specialist will contact employee to complete this section</i> | | |
| Paid/Unpaid Leave Employee elects: <input type="checkbox"/> Paid or <input type="checkbox"/> Unpaid leave. | | |
| Wage Benefit Replacement (Disability Insurance)- 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 | | |

Distribution:

1. HRB MDSU Unit (Original) 2. Employee (Copy) 3. Supervisor (Copy) 4. Personnel Specialist (Copy)

Reasons for Taking Leave

- Birth, adoption, and foster care placement of a child
- Care for a spouse, son, daughter or parent with a serious health condition
- Employee's own serious health condition
- Qualifying military exigency leave
- Military caregiver leave
- Pregnancy Related Disability (PDL)

Eligibility Requirements

To be eligible for FMLA/CFRA, employees must:

1. Have a qualifying reason;
2. Worked 12 months with the State;
3. Physically worked 1,250 hours in the 12 months preceding the need for leave, and
4. Provide certification.

PDL only requires Certification of a pregnancy related disability.

Leave Entitlement

Eligible employees are entitled to a maximum of:

- 12 workweeks of FMLA (*)
- 12 workweeks of CFRA (*)
- 17.33 weeks (693 hours) for full time employee or prorated for part-time employees (*)

*FMLA/PDL are concurrent leave provisions. CFRA for baby bonding typically begins when PDL ends.

FMLA/CFRA are typically concurrent leave provisions with the exception of caring for a domestic partner.

Request Process

- Employees must complete the Family & Medical Leave Request form (DFW1067) 30 days in advance of a foreseen leave or as soon as practicable.
- Employees must provide a completed Certification form related to the type of leave

requested within 15 calendar days of eligibility notification.

- Human Resources Branch Medical/Disability Services Unit upon receipt of the form notifies the employee in writing of their eligibility within five (5) business days.
- Upon receipt of the required certification, MDSU provides a written determination letter (approved, denied, or delayed) to the employee.

Benefit and Job Protection

- The employer is obligated to continue providing "group health" (health, dental, and vision) benefits if currently provided.
- Employees may request Disability Insurance (Wage Benefit Replacement):
 - State Disability Insurance (SDI)
 - Non-Industrial Insurance (NDI)
 - Enhanced NDI
- Employees have reinstatement to the same or equivalent position with equivalent pay, benefits, and other employment terms.
- Employees do not lose any employment benefit that he/she earned or was entitled to before using FMLA/CFRA/PDL leave.
- Employees may request a light duty assignment through Reasonable Accommodation.
- Employees taking unpaid leave are responsible for reimbursing the State for their premium share of group health benefits (health, dental, and vision) provided by CDFW upon their return through payroll deduction or Accounts Receivable collection.

Additional Information

Please contact the Human Resources Branch Medical/Disability Services Unit at (916) 653-3612.