

Employees must submit a completed Job-Protected Leave Benefit Request (DFW 1067) at least 30 days in advance of taking leave or as soon as practicable to Employee Wellness Services (EWS) at EWS@Wildlife.ca.gov.

JOB-PROTECTED LEAVE BENEFIT INFORMATION AND FORM INSTRUCTIONS

Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA)

Entitles eligible employees with up to 12 workweeks of job-protected **unpaid** leave each calendar year for specific family and medical leave reasons (Military Caregiver Leave is up to 26 workweeks). An employee is eligible for FMLA/CFRA leave if they have worked for the employer for a minimum of 12 months (within the last seven years) and has 1,250 actual hours worked in the 12 months immediately preceding the leave.

Pregnancy Disability Leave (PDL)

Entitles employees with up to four months (17.33 weeks) of job-protected **unpaid** leave for the period of actual disability caused by pregnancy, childbirth, or related medical conditions. PDL does not have eligibility requirements. Employees may be eligible for FMLA, which runs concurrently with PDL, and CFRA, which is in addition to PDL.

Paid Leave

While FMLA, CFRA, and PDL are **unpaid** job-protection benefits, employees may apply for disability through the Employment Development Department (EDD) to receive partial wage-replacement benefits while on leave. Refer to the Non-Industrial Disability Insurance (NDI) Requirements and Information ([DFW 278B](#))/State Disability Insurance (SDI Requirements and Information ([DFW 278A](#))) forms for more information on disability.

Additionally, employees may elect to use their available leave credits to receive pay while on approved FMLA, CFRA, and/or PDL leave.

Note: In accordance with the [California Code of Regulations section 599.785](#), employees are prohibited from using leave credits to receive pay after a period of dock, unless it is dock and leave incurred during a continuous period of approved FMLA, CFRA, and/or PDL leave.

Form Submission and Benefit Approval Instructions

Employees requesting leave for baby bonding purposes intermittently must attach a completed [Baby Bonding Calendar](#) and either the birth certificate or other verification of the birth, adoption paperwork, or foster placement paperwork to this form. FMLA/CFRA leave used for bonding with a child must be in increments of at least two weeks, except on two occasions.

Review and Approval Process

EWS will verify eligibility and provide notification to the employee within five business days of receipt of this form. Employees eligible for FMLA, CFRA, and/or PDL will be provided a Certification of Health Care Provider (CalHR 754 or 755), Certification of Qualifying Exigency (CalHR 756), or Certification for Serious Injury or Illness of a Covered Servicemember (CalHR 757) that must be completed by the employee and/or a health care provider and returned to EWS@Wildlife.ca.gov within 15 calendar days of receipt. Employees who do not provide the required documentation timely, may be denied leave. EWS will provide the employee with FMLA, CFRA, and/or PDL approval/denial within five business days of receipt of the completed CalHR 754, 755, 756, or 757.

EMPLOYEE INFORMATION

NAME:		POSITION NUMBER:	
CLASSIFICATION:		PROGRAM:	
Select the method by which you want to receive EWS communications regarding FMLA/CFRA/PDL (select at least one):			
<input type="checkbox"/> Personal email: _____ <input type="checkbox"/> Work email <input type="checkbox"/> United States Postal Service			
Dates of Leave: <input type="checkbox"/> Initial Request <input type="checkbox"/> Extension (start date should remain the same) Start Date: _____ End Date: _____		Type of Leave: <input type="checkbox"/> Single, continuous period <input type="checkbox"/> Reduced work schedule <input type="checkbox"/> Intermittent leave (limitation with CFRA for bonding leave)	

Reason for Leave (select at least one):

- Your own serious health condition
 - Your pregnancy-related disability
 - Bonding Leave – leave following the birth or placement of a child with you for adoption or foster care
 - To care for one of the following due to a serious health condition:
 - Child Domestic Partner Grandchild Grandparent
 - Parent Parent-in-law Sibling Spouse
 - Designated person (related by blood or whose association with the employee is the equivalent of a family member). Name: _____ Relationship: _____
- Note:** Employees are limited to one designated person per calendar year.
- Military Exigency – assisting one of the following who has a “qualifying exigency” related to active duty or the call to active-duty status with the Armed Forces:
 - Child Parent Spouse Domestic Partner
 - Military Caregiver – the care of one of the following 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 duty, or is a veteran of the Armed Forces including the National Guard and Reserves at any time within five years preceding treatment for a serious injury or illness:
 - Child Parent Spouse Next of Kin

SIGNATURE

With accordance to [California Civil Code §1633.5\(b\)](#), I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is legal binding equivalent to a handwriting signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

Employee Signature:

Date:

Fraud will not be tolerated and could result in disciplinary action up to and including, dismissal.