

FAMILY & MEDICAL LEAVE REQUEST

DFW 1067 (Updated 2/4/22)

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		Emergency Family Medical Leave Expansion Act (E-FMLA)* I would like to elect to use: all some none of my available leave credits to supplement up to full pay.
<i>Employee must complete above sections, sign below, and route to their Employee Wellness Services (EWS) Analyst. PDL requests MUST include certification of pregnancy related disability.</i>		
Employee's Signature		Date
HRB USE ONLY		
<i>EWS 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: _____ N/A	Employee has worked 30-days: Yes No N/A
Employee is <input type="checkbox"/> Eligible / <input type="checkbox"/> Not Eligible for requested leave. <input type="checkbox"/> N/A - PDL Approved		
EWS Analyst's Name	Date Eligibility Notice sent to Employee (MUST send within 5 calendar days of receiving request) _____	
EWS 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		Personnel Specialist Supervisor's Signature

Distribution:

1. HRB Employee Wellness Services (EWS) 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 Employee Wellness Services (EWS) Unit.
2. The EWS 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 EWS of the appropriate certification.
4. The EWS 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 EWS.
2. The EWS 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 EWS 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 EWS 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 and Medical/Pregnancy Disability Leave Policy Section 12440 or contact the Human Resources Branch Employee Wellness Services at (916) 653-3612.

Please Note:

If you do not submit the FMLA/CFRA paperwork, including a complete Health Care Provider's Certification, then any time that would otherwise appropriately be considered FMLA/CFRA leave, will not be designated as such, and will not be job protected leave.

*E-FMLA eligibility differs from FMLA. To be eligible for E-FMLA, the employee must work for the Department for at least 30-days.