

FAMILY & MEDICAL LEAVE REQUEST

DFW 1067 (05/01/23)

Employee Information & Request			
Employee's Name			Bargaining Unit
Classification		Unit/Branch/Division	
Supervisor's Name		<input type="checkbox"/> Initial Request	<input type="checkbox"/> Extension Request
Start Date	End Date	<input type="checkbox"/> Continuous Leave	<input type="checkbox"/> Intermittent Leave
<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 Name: _____ Relationship: _____ <input type="checkbox"/> Designated Person, other than family member (Limit to 1 person per calendar year) Name: _____ Relationship: _____ <input type="checkbox"/> Military Exigency Leave <input type="checkbox"/> Military Caregiver Leave			
<i>Employee must complete above sections, sign below, and route to the Employee Wellness Services (EWS) Unit at: EWS@wildlife.ca.gov</i>			
Employee's Signature			Date
EMPLOYEE WELNESS SERVICES (EWS) 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 (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.			
EWS Analyst's Name			
EWS Analyst's Signature			Date

Distribution:

- Employee Wellness Services (EWS) (Original)
- Employee (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 foreseeable along with CalHR form 754 (Certification of Health Care Provider for Employee Serious Health Condition). If filing for a family member submit CalHR form 755 (Certification of Health Care Provider for Family Member's Serious Health Condition) along with DFW1067. Please note: If filing for a designated person, the employee must complete both DFW1067 and CalHR form 755 along with required written documentation from the person identifying the CDFW employee as the designated person.
2. The EWS will process the DFW1067 and notify the employee of their Eligibility within five business days of receiving DFW1067. 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 five 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 DFW 1067 30 days in advance of a foreseeable leave or as soon as feasible. 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 five 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 five 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.

Submittal:

Once all forms are complete, please submit to the Employee Wellness Services (EWS) at:

EWS@wildlife.ca.gov

For more information, please see the Family and Medical/Pregnancy Disability Leave Policy Section 12440 or contact EWS at EWS@wildlife.ca.gov

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.