CITY OF ARTESIA
FMLA/CFRA/PDL Leave Request Form

Employee Informat on:

Employee Name:

Employee ID:

Department:

Job Title:

Date of Request:

Supervisor's Name:

Type of Leave Requested
(Please check the applicable leave type)

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

☐ Pregnancy Disability Leave (PDL)

Reason for Leave
(Check all that apply)

☐ Personal health condition (includes pregnancy-related conditions for PDL)

☐ Caretake for a family member:

　　☐ Spouse/Registered Domestic Partner
　　☐ Child (biological, adopted, foster, stepchild, legal ward)
　　☐ Parent/Parent-in-law
　　☐ Grandparent
　　☐ Sibling
　　☐ Other (please specify):

☐ Bonding with a new child (birth, adoption, or foster care placement)

☐ Qualifying exigency due to a family member's active military duty or call to active duty

☐ Other (please explain):

Leave Dates

Requested Start Date:

Requested End Date:

☐ Check if you are requesting intermittent leave.

Certification/Documentation

☐ I have attached the required certification or documentation supporting my leave request (e.g., medical certification, birth certificate, adoption paperwork, or military orders).

☐ I will provide the required documentation within 15 calendar days as required by law.

Employee Acknowledgment

I understand the following:

1. I may be eligible for up to 12 weeks of FMLA/CFRA leave in a 12-month period, or up to 4 months of PDL for pregnancy-related conditions.

2. This leave may run concurrently with other leave entitlements (e.g., FMLA and CFRA).

3. I must provide sufficient documentation and comply with the City of Artesia's leave policies.

4. Failure to provide required documentation or falsification of information may result in leave-denial or disciplinary action.

5. During my leave, I may be required to make arrangements to continue paying my share of health insurance premiums.

Employee Signature: Date:

To Be Completed by Human Resources

Date Request Received: **Eligibility Verified:** ☐ Yes ☐ No

Certification Received: ☐ Yes ☐ No ☐ Pending   **Leave Approved:** ☐ Yes ☐ No

Leave Type Approved: ☐ FMLA ☐ CFRA ☐ PDL

Approved Leave Dates: From   **To**

Intermittent Leave: ☐ Yes ☐ No

Human Resources Representative: **Date:**