

REQUEST FOR FAMILY MEDICAL LEAVE

DGS OHR 33 (New 5/2016)

This form initiates the Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), or Pregnancy Disability Leave (PDL). Once completed, email to: dgsohrfmlacfrapdlunit@dgs.ca.gov.

Section 1: Employee Information

EMPLOYEE FULL NAME	BEST CONTACT PHONE NUMBER
DIVISION	OFFICE
SUPERVISOR	SUPERVISOR'S PHONE NUMBER

Section 2: Leave Information

Please check the box indicating the reason and/or type of leave you are requesting.

Date leave is to commence: _____

Family Medical Leave Act (FMLA)

Self

Family Member

Parent

Child

Spouse

Military Family Leave

Parent

Child

Spouse

Pregnancy Disability Leave (PDL)

California Family Rights Act (CFRA)

California Family Rights Act (CFRA) – Baby Bonding

If you have questions on how to complete this form, please email: dgsohrfmlacfrapdlunit@dgs.ca.gov.

If you do not have access to email to ask questions or to submit the form, please call (916) 373-2267 or (916) 376-5424 for assistance.