

This form initiates the Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), or Pregnancy Disability Leave (PDL).

Once completed, email to: [DGS OHR - FMLA/CFRA/PDL Unit@dgs.ca.gov](mailto:DGS_OHR - FMLA/CFRA/PDL Unit@dgs.ca.gov).

EMPLOYEE INFORMATION

| | | |
|------------------------|-------------------------|-----------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| WORK TELEPHONE NUMBER | | |
| DIVISION | OFFICE | |
| SUPERVISOR'S LAST NAME | SUPERVISOR'S FIRST NAME | WORK TELEPHONE NUMBER |

LEAVE INFORMATION

Date leave is to commence:

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

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

QUESTIONS/ASSISTANCE

If you have questions on how to complete this form, please email: [DGS OHR - FMLA/CFRA/PDL Unit@dgs.ca.gov](mailto:DGS_OHR - FMLA/CFRA/PDL Unit@dgs.ca.gov)