

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)

If you do not have access to email to ask questions or to submit the form, please call (916) 376-5299 or (916) 376-5424 for assistance.