

APPLICATION FOR FMLA/CFRA

Name	Department/Position
Home Phone	Work Phone
Home Address	
<input type="checkbox"/> Check if you agree to receive notices about your leave by email. Email Address:	

Start Date of Anticipated Leave

Estimated Disability End Date

Reason for request:

Own Illness

Care for ill Family Member

Bonding

Placement for Adoption/Foster Care

Estimated Due Date _____ or Date of Birth _____

Military Family (Exigency)

Military Care Giver

Do you intend to a file claim for:

State Disability Insurance (SDI)

Paid Family Leave (PFL)

Are you requesting:

Continuous

Intermittent

If leave is required on intermittent or reduced hours, outline anticipated scheduling needs.

NOTE: A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, registered domestic partner, child, or parent must be accompanied by a verifying medical certification from the attending physician.

LEAVE FOR FAMILY MEMBER - MUST COMPLETE AFFIDAVIT ON THE REVERSE SIDE

I understand that failure to return to work at the end of my leave may be treated as a resignation unless an extension has been agreed upon and approved in writing by El Dorado County. Any false statement or misrepresentation will result in denial of leave, related benefits, and possible disciplinary action.

Employee Signature	Date
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EMPLOYEE AFFIDAVIT OF RELATIONSHIP

(Complete this side ONLY if leave is requested for eligible family member illness)

By signing this Affidavit, I certify that I am requesting leave for an individual meeting the criteria in the category where I have also stated their name.

Child	Name
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"Child" means a child under the age of 18 years of age, or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee's child is one for whom the employee has actual day-to-day responsibility for care and includes, a biological, adopted, foster or stepchild. A child is "incapable of self care" if he/she requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living or instrumental activities of daily living - such as, caring for grooming and hygiene, bathing, dressing and eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, etc.

Parent	Name
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"Parent" means the biological parent of an employee or an individual who stands or stood in loco parentis (in place of a parent) to an employee when the employee was a child. This term does not include parents-in-law.

Spouse	Name
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"Spouse" means a husband or wife as defined or recognized under California State law for purposes of marriage.

Registered Domestic Partner	Name
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"Registered Domestic Partner" means two adults who have established a relationship under California law by both individuals filing a Declaration of Domestic Partnership with the Secretary of State.

CERTIFICATION:

I am requesting leave due to the serious health condition of an eligible family member. I have reviewed the family member definitions and printed their name in the box next to the category of the individual my leave is needed for. I am aware I must immediately advise my employer if the situation changes and I am no longer required to assist in the care of the above family member.

Any false statement or misrepresentation will result in denial of leave, associated benefits, and possible disciplinary action.

Signature	Date
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