

The following are instructions for completing each section of the designation notice of this form:

Indicate the most recent date you received a request, medical certification or other documentation of the employee's need for leave.

Indicate whether the leave is approved or denied, or if more information is needed.

If needed, indicate any additional information required to make a leave request determination.

If leave beginning and ending dates are known, indicate those dates in the first check box. If the length or timing of leave is not known, use the second check box.

In





Please be advised: *(check all that apply)*

Any unpaid CFRA leave taken will be designated as CFRA leave and counted against the amount of CFRA leave you have available to use in the applicable 12-month period.





**SOUTHERN CALIFORNIA
CLASS MANAGEMENT
ASSOCIATION**





CFRA leave.

A list of the essential functions of your position (is / is not) attached. If attached, the return-to-work certification must address your ability to perform the essential job functions.

