| **Steps to follow** | **Date given to employee**(completed by employer) | **Form Name****(Form #)** | **Action Necessary** | **Required timeframe to issue to employee** | **Purpose of Form** |
| --- | --- | --- | --- | --- | --- |
| #1A**□** | Date\_\_\_\_\_\_ | Leave of AbsenceRequest (Form 4502)(includes Employee Rights under the Family and Medical Leave Act Form WHD1420)  | Ask employee to complete when requesting time off | Immediately when employee requests time off | To request time off for a medical leave; employer to respond via Employer Response on Form #4502, explains the rights and responsibilities under FMLA entitlement Forms #4503 and #4505 also explain FMLA/CFRA rights and responsibilities. See below. |
| Date\_\_\_\_\_\_ | Once employee has returned the completed Employee Statement portion; complete and return Employer Response portion | No later than five (5) business days from the date of employee’s request of leave via return of Employee Statement portion |
| #1B **□****OR** |  Date \_\_\_\_\_\_ | [EDD Disability Insurance pamphlet](http://www.edd.ca.gov/pdf_pub_ctr/de2515.pdf) | Give pamphlet to employee if the leave is for their own serious medical condition | Recommend providing immediately when employee requests time off | Provides an explanation of the disability benefits (SDI) available as a wage replacement through the EDD for time off of work due to a personal non-work related medical condition |
| #1C **□** |  Date \_\_\_\_\_\_ | [EDD Paid Family Leave Insurance pamphlet](https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2511.pdf)Note: If the leave request is for baby bonding then the employee must receive a copy of your Lactation policy. | Give pamphlet to employee if the leave is to care for a family member, baby bonding or qualifying military exigency | Recommend providing immediately when employee requests time off | Provides an explanation of the paid family leave insurance (PFLI) benefits available as a wage replacement through the EDD for time off of work to care for a covered family member, for baby bonding, or qualifying military exigency |
| #2A**□** | Date\_\_\_\_\_\_ | Notice of Eligibility and Rights and Responsibilities (FMLA/CFRA) (Form 4503) | Complete & give to employee when requesting time off along with completed Employer’s Response portion of Form #4502 | No later than five (5) business days from the date of the employee’s request for or knowledge of need for leave | Notifies employee if potentially eligible for FMLA/CFRA and specifies certain rights and responsibilities under FMLA/CFRA |
| #2B**□** |  Date \_\_\_\_\_\_ | Medical Certification for Serious Health Condition for Employee/Family Member(Form 4504) and Authorization for Release of Medical Information (Form 4516)Note: skip this step if the leave request is for baby bonding | Give to employee requesting leave if employee does not have acceptable medical certification; attach a copy of the employee’s job description if the leave is for the employee’s own serious medical condition | Within five (5) business days of receipt of employee’s request or knowledge of need for leave; employee to return to employer within 15 calendar days | Medical provider certification of serious health condition requiring employee to take FMLA/CFRA for own illness or family member |
| #3A**□****OR** |  Date \_\_\_\_\_\_ | Designation Notice (Form 4505) Use if FMLA/CFRA leave is approvedReturn-to-Work certification (Form 4515) and the employee’s job description if you will require it before the employee can return from leave for their own serious medical conditionNote: Return-to-work certification is not necessary if the leave is for baby bonding | Complete & give to the employee once you can determine if the employee is entitled to FMLA/CFRA  | Give to the employee within five (5) business days of receipt of the employee’s medical certification | States designation of FMLA/CFRA; explains designation and specifies time available for FMLA/CFRA leave of absence. |
| #3B □ | Date \_\_\_\_\_\_\_ | Request for Additional Information FMLA/CFRA (Form 4507)Use if more information is needed. | Complete & give to employee when certification is due, but not received, or it is incomplete or inadequate  | If certification is incomplete or inadequate, employee has at least seven (7) additional calendar days to provide requested information | Requests additional information for clarification |
| If FMLA/CFRA Leave is not approved and a non-FMLA/CFRA unpaid medical leave is approved for an employee’s own serious illness, continue to step #4 |
|  #4 □ |  Date \_\_\_\_\_\_ | Response to Your Request for a Medical Leave of Absence for Your Own Illness (Non FMLA/CFRA Leaves) (Form 4801)  | Employer completes the form when the employee is not eligible for FMLA/CFRA but an unpaid leave of absence for their own illness is approved | Five (5) business days from the date the employee requests the leave is recommended | Explains the approved leave provisions and the employee’s responsibilities during the leave of absence |
| If an FMLA/CFRA leave was previously approved, FMLA/CFRA Leave has not been exhausted and employee requests additional FMLA/CFRA leave continue to #5A |
| #5A**□** | Date \_\_\_\_\_\_ | Leave of AbsenceRequest Form(includes WHD1420) (Form 4502) | Ask employee to complete when requesting extended FMLA/CFRA leave | Give to employee when requesting extended FMLA/CFRA leave | To request an extension of the FMLA/CFRA leave |
| #5B**□** | Date \_\_\_\_\_\_ | Medical Certification for Serious Health Condition for Employee/Family Member(Form 4504) and Authorization for Release of Medical Information (Form 4516) | Give to employee requesting leave extension if the employee has not provided additional medical certificationDate Returned\_\_\_\_\_\_\_\_\_\_\_\_ | Within five (5) business days from receipt of LOA request; employee returns to employer within 15 calendar days | Medical provider certification of serious health condition requiring employee to take and extension of FMLA and/or CFRA for own illness or family member |
| #6**□** | Date \_\_\_\_\_\_ | Extended FMLA/CFRA Designation Notice (Form 4509) | Give to employee who is requesting an extension of FMLA/CFRA leave | Recommend providing immediately when employee requests additional FMLA/CRFA leave and extension of medical certification has been received | Approves and designates additional FMLA/CFRA time off |
| When FMLA/CFRA Leave is exhausted and employee requests additional leave continue to #7A |
| #7A**□** | Date \_\_\_\_\_\_ | FMLA/CFRA Exhausted Medical Extension Letter (Form 4506) | Give to employee if requesting extended leave after exhausting FMLA/CFRA leave | Give to employee two (2) weeks prior to exhausting FMLA/CFRA leave | Provides a clear communication with employee explaining extended leave |
| #7B**□** | Date \_\_\_\_\_\_ | Leave of AbsenceRequest Form(includes WHD1420) (Form 4502)  | Ask employee to complete when requesting extended leave after exhausting FMLA/CFRA leave | Give to employee at least two (2) weeks prior to exhausting FMLA/CFRA leave | To request an extension of the medical leave |
| #7C**□** | Date \_\_\_\_\_\_ | Medical Certification for Serious Health Condition for Employee (Non FMLA/CFRA Employer)(Form 4802) and Authorization for Release of Medical Information (Form 4516) | Give to employee requesting leave extension if the employee does not have acceptable medical certificationDate Returned\_\_\_\_\_\_\_\_\_\_\_\_ | Recommend 10 business days from receipt of LOA request; recommend employee returns to employer within 15 calendar days | Medical provider certification of serious health condition requiring employee to take a medical leave of absence for employee’s own illness |
| #8**□** |  Date \_\_\_\_\_\_ | Extended Unpaid Medical Leave Letter (Form 4803) (if extended Non-FMLA/CFRA leave is approved) | Give to employee upon approving additional unpaid medical leave | Give to employee within five (5) days of approved extended leave | Explains extended unpaid medical leave and the employee’s responsibilities during the leave of absence |