| **Steps to follow** | **Date given to employee**  (completed by employer) | **Form Name**  **(Form #)** | **Action Necessary** | **Required timeframe to issue to employee** | **Purpose of Form** |
| --- | --- | --- | --- | --- | --- |
| #1  **□** | Date  \_\_\_\_\_\_ | Leave of Absence  Request (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 | Employer to respond via Employer Response on Form #4502, which 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 |
| #2  **□** | 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 |
| If eligible for FMLA/CFRA baby bonding proceed to #3, if not eligible you may consider approving a personal leave of absence and skip to #4. | | | | | |
| #3A  **□**  **OR** | Date  \_\_\_\_\_\_ | Designation Notice/ Response to Request  (Form #4603)  Use if FMLA and/or CFRA leave is approved | Complete & give to the employee once you can determine if the employee is entitled to FMLA and/or CFRA | Within five (5) business days of learning that the employee is eligible and that leave is being taken for a FMLA-qualifying reason | States designation of FMLA/CFRA; explains designation and specifies time available for FMLA/CFRA leave of absence. |
| #3B  □ | Date  \_\_\_\_\_\_ | Denial of Designation/Request for Additional Information FMLA/CFRA (Form #4507)  Use if leave is denied | Complete & give to employee if leave is denied or does not apply. | Within five (5) business days of learning that the employee is eligible and that leave is being taken for a FMLA-qualifying reason | Explains denial of FMLA/CFRA designation or requests additional information for clarification |
| #4  **□** | Date  \_\_\_\_\_\_ | [EDD Paid Family Leave Insurance pamphlet](https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2511.pdf) | Give pamphlet to employee for baby bonding | Recommend providing immediately when employee requests time off | Provides an explanation of the paid family leave benefits available as a wage replacement through the EDD for time off of work to care of a family member or for baby bonding |
| #5  **□** | Date  \_\_\_\_\_\_ | Lactation Policy | Give policy to employee for baby bonding | Recommend providing immediately when employee (of any gender) requests time off, as required by CA state law. | Provides an explanation of the requirements of an employer for lactation accommodation |
| When FMLA/CFRA Leave is exhausted and employee requests additional leave continue to #6 | | | | | | |
| #6  **□** | Date  \_\_\_\_\_\_ | Leave of Absence  Request 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 through a personal leave of absence. |
| #7  **□** | Date  \_\_\_\_\_\_ | Response to Personal Leave Request (Form #4511) (If extended leave approved- this is not required.) | Give to employee if requesting extended leave after exhausting FMLA/CFRA leave | Give to employee within two (2) weeks of exhausting FMLA/CFRA leave | Provides a clear communication with employee explaining approved extended leave |