

## LOS ANGELES UNIFIED SCHOOL DISTRICT Family and Medical Leave Act/California Family Rights Act

DATE:	
TO: FROM:	EMPLOYEE #
SUBJE	T: DESIGNATION NOTICE – FMLA/CFRA NOT APPROVED
	YOUR ABSENCE IS NOT DESIGNATED AS FMLA/CFRA
	reviewed your request for leave under the FMLA/CFRA and any supporting ntation you have provided.
We do	ot approve your FMLA/CFRA protected leave request for the following reason(s):
	You did not meet the eligibility requirements of working 130 days (or 1,250 hours for Units A, E, G) in the past 12 months; and being employed by the district for at east 12 months during the past seven (7) years.
	You have exhausted your FMLA/CFRA leave entitlement in your current FMLA Year.
	You either did not return the required Health Care Provider certification form in the 15 calendar days of receiving it, or provide a reasonable explanation for the delay. (Specific dates not approved are listed under "Other" below).
	FMLA/CFRA does not apply to your leave request. Time off must be taken for one of the following reasons: the birth of (or bonding with) your new child; placement in your home of a new child by adoption or foster care; your own serious health condition; a serious health condition that requires your participation and/or care of your parent, child (under 18 years of age), spouse/domestic partner; military exigency leave (FMLA); or military caregiver leave (FMLA).
	Additional information is needed to determine if your FMLA/CFRA protected leave request can be approved: The Health Care Provider Certification you have provided is not complete and sufficient to determine whether the FMLA/CFRA applies to your leave request and/or how much absence time is required for your serious health condition. You must provide the requested information (listed below) no later than seven (7) calendar days from receipt of this notice or provide a reasonable explanation for the delay or your leave may be denied.
	Other:

FMLA-4 September 2015