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| **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 AbsenceRequest Form(includes WHD1420)(Form #4502) | Ask employee to complete when requesting time off | Immediately when employee requests time off | To request time off for servicemember leave; employer to respond via Form #4503, WH-384 or WH-385 and #4505; also explains the rights and responsibilities under FMLA entitlement although employer has not yet determined eligibility |
| **#2****□** |  Date \_\_\_\_\_\_ | Notice of Eligibility and Rights And Responsibilities (Form #4503) | Complete and give to employee when requesting time off | No later than five business days from the date of the employee’s request | Notifies employee whether eligible for FMLA and specifies certain rights and responsibilities under FMLA |
| **#3A** **(or 3B or 3C)****□****OR** |  Date \_\_\_\_\_\_ | Certification of Qualifying Exigency for Military Family Leave(Form WH-384) | Complete Section I & give to employee requesting leave for a military family member (spouse, parent, or child) called to active duty | Within five business days of receipt of leave request. Employee to return to employer within 15 calendar days | Certification to support FMLA request of employee for a covered military family member’s call to active duty |
| **#3B****(or 3A or 3C)****□** **OR** |  Date \_\_\_\_\_\_ | Medical Certification for Serious Injury or Illness of Covered Servicemember(Form WH-385) | Give to employee requesting leave to care for a covered servicemember (spouse, parent, child, or next of kin) who has a serious injury or illness incurred in the line of duty on active duty | Within five business days of receipt of leave request. Employee to return to employer within 15 calendar days | Medical certification for injured military family member entitling the employee to take FMLA and/or CFRA leave |
| **Steps to follow**  | **Date given to employee**(completed by employer) | **Form Name****Form #** | **Action Necessary** | **Required timeframe to issue to employee** | **Purpose of Form** |
| **#3C** **(or 3A or 3B)****□** | Date \_\_\_\_\_\_ | Medical Certification for Serious Injury or Illness of a Veteran(Form WH-385-V) | Complete & give to employee requesting leave to care for a covered veteran (spouse, parent, child, or next of kin) who has a serious injury or illness | Within five business days of receipt of leave request. Employee to return to employer within 15 calendar days | Medical certification for injured military veteran family member entitling the employee to take FMLA and/or CFRA leave |
|  **#4****□** |  Date  \_\_\_\_\_\_ | Designation NoticeFMLA and/or CFRA (Form #4505) | Give to the employee once you can determine if the employee is entitled to FMLA and/or CFRA | Give to the employee within five business days of receipt of certification  | States designation of FMLA, explains denial of designation, or explains deficient certification/information |
| **#5****□** |  Date \_\_\_\_\_\_ | EDD Paid Family Leave Insurance pamphlet | Give pamphlet to employee if the leave is to care for a family member or for baby bonding. | Recommend 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 |