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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 Absence  Request Form  (includes Employee Rights Under the Family and Medical Leave Act WHD1420)  ([Form #4502](https://www.silvershr.com/wp-content/uploads/wpt/2020/10/LeaveofAbsenceRequestForm4502-07_29_20-2.pdf)) | 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](https://www.silvershr.com/wp-content/uploads/wpt/2020/12/fmlacfranoticeofeligibilityrightsresponsibilities4503-12_23_20.docx), [WH-384](http://www.dol.gov/whd/forms/wh-384.pdf) or [WH-385](https://www.silvershr.com/wp-content/uploads/wpt/2020/10/CertificationforSeriousInjuryorIllnessofCurrentServicemember-FMLAonly_v093020.pdf) and [#4505](https://www.silvershr.com/wp-content/uploads/wpt/2020/10/designation-notice-fmla-cfra-form-4505-10_13_20-1.docx); also explains the rights and responsibilities under FMLA entitlement |
| **#1b**  **□** | Date  \_\_\_\_\_\_ | [EDD Paid Family Leave Insurance pamphlet](http://www.edd.ca.gov/pdf_pub_ctr/de2511.pdf) | Give pamphlet to employee if the leave is to care for a family member | 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 for a family member |
| **#2**  **□** | Date  \_\_\_\_\_\_ | Notice of Eligibility and Rights and Responsibilities  ([Form #4503](https://www.silvershr.com/wp-content/uploads/wpt/2020/12/fmlacfranoticeofeligibilityrightsresponsibilities4503-12_23_20.docx)) | 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](http://www.dol.gov/whd/forms/wh-384.pdf)) | 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 Current Servicemember  ([Form WH-385](https://www.silvershr.com/wp-content/uploads/wpt/2020/10/CertificationforSeriousInjuryorIllnessofCurrentServicemember-FMLAonly_v093020.pdf), CA version) | Give to employee requesting leave to care for a current 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](https://www.silvershr.com/wp-content/uploads/wpt/2020/10/CertificationforSeriousInjuryorIllnessofaVeteranforMilitaryCaregiverLeave_v082720.pdf), CA version) | 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 Notice  FMLA and/or CFRA ([Form #4505](https://www.silvershr.com/wp-content/uploads/wpt/2020/10/designation-notice-fmla-cfra-form-4505-10_13_20-1.docx)) | 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 |