



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

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_ **EMPLOYEE ID #:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**SUBJECT: DESIGNATION NOTICE – FMLA/CFRA APPROVED**

**RE: YOUR ABSENCE STARTING** \_\_\_\_\_ **THROUGH** \_\_\_\_\_

We have reviewed your request for leave under FMLA/CFRA and any supporting documentation that you have provided. As you may know, some absences that are health-related might be protected under the federal Family and Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA).

**Your FMLA/CFRA protected leave request is approved.**  
**FMLA/CFRA requires that you notify us as soon as practicable if dates of scheduled leave change, are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:**

\_\_\_\_\_ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your FMLA/CFRA leave entitlement:

\_\_\_\_\_

\_\_\_\_\_ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA/CFRA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).