



# GLENN COUNTY PERSONNEL DEPARTMENT

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## GLENN COUNTY PRELIMINARY DESIGNATION NOTICE (FMLA/CFRA/PDL)

TO: \_\_\_\_\_ (Employee's name)

FROM: \_\_\_\_\_ (Name of County Representative)

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

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA) and/or California Pregnancy Disability Leave (PDL) and any supporting documentation that you have provided. We received your most recent information on and determined:

Your leave request is **approved** and designated as:

FMLA leave only

FMLA/PDL leave and CFRA (beyond PDL)

CFRA leave only

PDL leave only

FMLA and CFRA leave

Other

**The FMLA/CFRA/PDL requires that you notify us as soon as practicable if dates of leave change or if requesting to extend your leave. Based on the information you provided, we are providing the following information about the amount of leave time that will be counted against your protected 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 leave entitlement: \_\_\_\_\_.
- Because the leave you will need will be unscheduled (e.g. intermittent leave for flare-ups), it is not possible to provide the hours, days, or weeks that will be counted against your FMLA/CFRA/PDL 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).

\_\_\_\_\_**Additional information is needed to determine if your FMLA/CFRA/PDL leave request is approved:**

The certification you have provided is not complete or sufficient to determine whether FMLA/CFRA and/or PDL apply to your leave request. You must provide the following information no later than \_\_\_\_\_ (*provide at least 7 calendar days*), unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

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*(Specify information needed to make the certification complete and sufficient)*

**Your FMLA/CFRA/PDL Leave request is not approved based on the following:**

- Neither the FMLA/CFRA nor PDL apply to your leave request.
- You have exhausted your FMLA/CFRA/PDL leave entitlement in the applicable 12-month period.
- Other: \_\_\_\_\_

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(Department Representative)

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(Phone Number)