

Pepperdine University FMLA/CFRA Application

To be completed by employee requesting leave:

Employee Name

Application Date

Reason for leave:

- Medical – self
 Medical – immediate family
 Birth/adoption of child

Expected date that leave begins: _____

Probable duration of leave: _____

Expected date that leave ends: _____

Leave will be:

- Continuous
 Intermittent

If requesting intermittent leave, please explain:

During my leave, I can be reached at:

Address

City State Zip

() _____ - _____
Phone Number

Email: _____

I understand that I am required to provide timely medical certification for my leave, and notify Human Resources and provide additional medical certification should it be necessary to extend the leave.

Please refer to the Family Leave Policy in the applicable employee bulletin or faculty handbook for more information.

Employee's Signature

Date

Human Resources

Date

Please return this form to:
Benefits Department
Human Resources
Pepperdine University
Malibu, CA 90265-4397