

# 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