

# CITY OF CARSON

## HUMAN RESOURCES DEPARTMENT

### REQUEST FOR BONDING LEAVE

Under the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)  
and/or applicable City Leave Policies

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

#### I AM REQUESTING BONDING LEAVE FOR THE FOLLOWING REASON\*:

- Birth Of A Child. Child's Date Of Birth: \_\_\_/\_\_\_/\_\_\_\_
- Adoption Of A Child. Date Of Placement: \_\_\_/\_\_\_/\_\_\_\_
- Placement Of A Foster Care Child. Date Of Placement: \_\_\_/\_\_\_/\_\_\_\_

#### REQUESTED LEAVE PERIOD(S):

From: \_\_\_/\_\_\_/\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_

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

**\*Please attach verification of the date of birth and/or placement of the child (eg. Hospital birth record, birth certificate, DCFS 129, etc.). If you are requesting leave for the birth of a child not yet born, you may be approved for leave for FMLA/CFRA but your leave dates will not be Designated until such verification is received.**