

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.**