[To be completed on District Letterhead]

**California Family Rights Act – Family Care and Medical Leave**

**Government Code 12945 (b)(2)**

**Designated Person Selection Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, employee of the [INSERT NAME] School District, name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the individual selected as my Designated Person[[1]](#footnote-1) for purposes of requesting and accessing Family Care and Medical Leave under the California Family Rights Act.

I understand that I may only name one Designated Person per 12-month period utilized by my employer for tracking leave entitlement and usage.

I understand that once I designate this person for purposes of CFRA Family Care and Medical Leave, I will not be entitled to change who my Designated Person is until [INSERT DATE].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

**HR Use Only**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Designated Person is defined by Government Code § 12945.2(b)(2) as: Any individual related by blood or whose association with the employee is the equivalent of a family relationship. [↑](#footnote-ref-1)