



## California Family Rights Act (CFRA) Designated Person Form

Employee Name:	Employee ID:
Name of Designated Person:	
Relationship of Designated Person to employee:	

<b>Acknowledgement and Certification</b> (Please read and initial each statement then sign below.)	
<p>I confirm that the "Designated Person" identified above is related by blood or their association with me is the equivalent of a family relationship.</p> <p>I acknowledge by designating this person, that I will not be able to designate another person for the next 12 months regardless of my CFRA rolling calendar year.</p> <p>I hereby certify that the above statements and documentation provided are true and correct to the best of my knowledge. I understand that a false statement and/or misrepresentation of facts may no longer protect and qualify me for a previous and/or future approved leave and could be subject to discipline up to and including termination.</p>	
Employee Signature	Date