# NOTIFICATION OF FEDERAL AND/OR STATE LEAVE ENTITLEMENTS

**Instructions:** Departmental, agency, or special district representative to complete Section I of this form and provide the completed form in its entirety to the employee.

You have requested leave which is covered under the federal Family and Medical Leave Act (FMLA), and/or the California Family Rights Act (CFRA), and/or the California Pregnancy Disability Leave Law (CPDL). This notice confirms your eligibility, the terms of your leave, and provides a summary of information on your rights and responsibilities under the FMLA, CFRA, and/or CPDL. For more information regarding leave under this policy, employees should contact their Department HR Representative.

## **Employee Name:**

# Date of Employee Request:

# Date Notification Sent to Employee:

<ul> <li>Regular Leave</li> <li>Intermittent Leave (random hours)</li> <li>Reduced Work Schedule (scheduled hours)</li> </ul>		
<ul> <li>Intermittent Leave (random hours)</li> <li>Reduced Work Schedule (scheduled hours)</li> <li>Reason for Leave</li> <li>Your own serious health condition</li> <li>Care for covered family member/designated person with serious health condition</li> <li>Care for your newborn or newly placed (via adoption or foster care) child</li> <li>Care for covered military servicemember with serious injury or illness</li> </ul>	Anticipated Duration of Leave - Begin Date:	End Date:
<ul> <li>Reduced Work Schedule (scheduled hours)</li> <li>Reason for Leave</li> <li>Your own serious health condition</li> <li>Care for covered family member/designated person with serious health condition</li> <li>Care for your newborn or newly placed (via adoption or foster care) child</li> <li>Care for covered military servicemember with serious injury or illness</li> </ul>	Regular Leave	
Reason for Leave          Your own serious health condition         Care for covered family member/designated person with serious health condition         Care for your newborn or newly placed (via adoption or foster care) child         Care for covered military servicemember with serious injury or illness	Intermittent Leave (random hours)	
<ul> <li>Your own serious health condition</li> <li>Care for covered family member/designated person with serious health condition</li> <li>Care for your newborn or newly placed (via adoption or foster care) child</li> <li>Care for covered military servicemember with serious injury or illness</li> </ul>	Reduced Work Schedule (scheduled hours)	
<ul> <li>Care for covered family member/designated person with serious health condition</li> <li>Care for your newborn or newly placed (via adoption or foster care) child</li> <li>Care for covered military servicemember with serious injury or illness</li> </ul>	Reason for Leave	
Care for your newborn or newly placed (via adoption or foster care) child	Your own serious health condition	
Care for covered military servicemember with serious injury or illness	Care for covered family member/designated person with serie	ous health condition
	Care for your newborn or newly placed (via adoption or foster	care) child
Qualifying exigency for covered active-duty family member	Care for covered military servicemember with serious injury of	r illness
	Qualifying exigency for covered active-duty family member	

Employee's Leave Eligibility:	FMLA	CFRA	CPDL
Hours of FMLA leave available	e (as of date of	notice):	

Hours of CFRA leave available (as of date of notice):

# Employee rights and responsibilities

(Under the Family and Medical Leave Act, California Family Rights Act, and/or California Pregnancy Disability Leave Law)

Family Medical Leave Act (FMLA) Basic Leave Entitlement

Eligible employees have the right to take up to 12 weeks of unpaid, job-protected leave within a 12-month period for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or childbirth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, child (age 17 or younger, OR age 18 or older if incapable of self-care because of a mental or physical disability), or parent, who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the employee's job; or
- Qualifying exigencies for covered an active-duty family member and/or to provide care for a badly injured or ill family member hurt while on active duty.

This is determined by a "rolling" 12-month period measured backward from the date of any FMLA/CFRA leave usage. (Each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start.)

## California Family Rights Act (CFRA)

Employee rights, responsibilities, eligibility requirements and entitlements under CFRA are very similar to those of FMLA. One exception is disability due to pregnancy, childbirth or related medical leave. Leaves for pregnancy disability are not covered by CFRA (only by FMLA and CPDL). CFRA, however, permits leave to bond and/or care for a child (following birth, adoption, or foster placement) for up to 12 weeks in addition to any CPDL used. This is commonly called "bonding leave". The basic minimum duration of bonding leave is two weeks and must be completed within one year of the birth or placement of the child.

The other exception is that CFRA also includes leave to care for a registered domestic partner, a person who stood in loco parentis of a parent when the employee was a minor child, parent-in-law, sibling, child of any age, grandparent, grandchild, or designated person who is related by blood or whose association with the employee is equivalent to that of a family relationship with a serious health condition, whereas FMLA coverage is more narrow in scope.

## Military Family Leave Entitlements under FMLA and CFRA

Under FMLA and CFRA, eligible employees with a spouse, domestic partner, son, daughter, or parent on active duty or call to active-duty status, in the Armed Forces, or the National Guard or Reserves, in support of a contingency operation may use their 12week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. Under CFRA, a registered domestic partner is also covered. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period\*. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, or a veteran (who was in the Armed Forces within the previous 5 years), who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in the outpatient status; or is on the temporary disability retired list.

\*For this specific provision, the single 12-month period begins on the first day an eligible employee takes leave to care for the injured servicemember

#### California Pregnancy Disability Leave (CPDL)

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave (of up to 12 workweeks) for reason of the birth of your child. Both leaves contain a guarantee of reinstatement - for pregnancy disability it is to the same position and for CFRA same or a comparable position -at the end of the leave, subject to any defense allowed under the law.

### **Benefits and Protections**

During FMLA, CFRA, or CPDL leave, employee health coverage under any "group health plan" will continue on the same terms as if the employee had continued to work. If paid leave is used during FMLA, CFRA, or CPDL leave, the County will deduct your shares of the health plan premium as a regular payroll deduction. If the FMLA, CFRA, or CPDL leave is unpaid and you desire to continue health benefits while on leave, you must timely pay your portion of the premium directly to the Auditor-Controller's Office. Please note the County's obligation to maintain health care coverage ceases if your premium payment is late. Please see the applicable MOU/Salary Resolution for further details, including information regarding benefit eligibility and payment responsibility if you fail to return to work at the conclusion of a qualifying FMLA/CFRA/CPDL leave.

Upon return from FMLA/CFRA/CPDL leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA, CFRA, or CPDL leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Intermittent use of FMLA/CFRA/CPDL Leave

You do not need to use this leave entitlement in one block of time. Leave can be taken intermittently under a reduced leave schedule when medically necessary. You must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the operations of your department. Leave due to qualifying exigencies may also be taken on an intermittent basis.

#### Use of Paid Leave during FMLA/CFRA/CPDL

Use of sick, vacation, or other paid leave time during FMLA/CFRA/CPDL is determined by the applicable MOU/Salary Resolution. Please refer to the applicable MOU/Salary resolution for conditions governing requirements and options for the use of paid leave. If conditions in the applicable MOU/Salary resolution do not allow or require the use of paid leave time, or if you have exhausted applicable entitlements, you remain entitled to take unpaid FMLA/CFRA/CPDL leave.

### **Employee Responsibilities**

You must provide at least 30 days advance notice of the need to take FMLA/CFRA/CPDL leave when the need is foreseeable. When 30 days' notice is not possible, you must

provide notice as soon as practicable and generally must comply with normal call-in procedures.

You must provide sufficient information for the County to determine if the requested leave may qualify for FMLA, CFRA, or CPDL protection and the anticipated timing and duration of the leave. Sufficient information may include such things as that you are unable to perform job functions, the qualifying family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave, etc. You must also inform the County if the requested leave is for a reason for which FMLA/CFRA/CPDL leave was previously taken or certified. You also may be required to timely provide a certification and periodic recertification supporting the need for leave. Failure to provide sufficient certification in accordance with the above may result in the leave being denied.