

**FAMILY AND MEDICAL LEAVE ACT (FMLA)
CALIFORNIA FAMILY RIGHTS ACT (CFRA)
PREGNANCY DISABILITY LEAVE (PDL)**

Part A: Notice of Eligibility

Eligibility does not mean approval. Once we obtain the information from you as specified in Part B, we will inform you within 5 business days whether your leave will be designated FMLA/CFRA/PDL leave and count toward your FMLA/CFRA/PDL leave entitlement.

| | | | |
|-----------------------|------------------------|-------------------------|----------------------|
| 1. Employee Last Name | 2. Employee First Name | 3. Employee Middle Name | 4. Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| 5. Division/Unit | 6. Telephone Number |
| <input type="text"/> | <input type="text"/> |

7. We have received your request for leave beginning on: through for:

Parental leave following the birth of a child or placement of a child with you for adoption or foster care

Your pregnancy-related disability (includes severe morning sickness, prenatal care, and childbirth-related disability)

Your own serious health condition

The care of one of the following due to his or her own serious health condition:

| | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> child | <input type="checkbox"/> parent | <input type="checkbox"/> spouse / domestic partner |
| <input type="checkbox"/> grandparent | <input type="checkbox"/> grandchild | <input type="checkbox"/> sibling |

designated person: _____

Assisting one of the following who has a "qualifying exigency" related to active duty or call to active duty status with the Armed Forces:

| | | |
|--------------------------------|--|---------------------------------|
| <input type="checkbox"/> child | <input type="checkbox"/> spouse / domestic partner | <input type="checkbox"/> parent |
|--------------------------------|--|---------------------------------|

The care of one of the following who is a covered service member of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on active duty, or is a veteran of the Armed Forces including the National Guard and Reserves at anytime within 5 years preceding treatment for a serious injury or illness.

| | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> child | <input type="checkbox"/> parent |
| <input type="checkbox"/> spouse | <input type="checkbox"/> next of kin |

8. This notice is to inform you that you are eligible for (see Part B for Rights and Responsibilities):

FMLA CFRA PDL

9. This notice is to inform you that because of the following reason(s) you are NOT eligible for:

FMLA CFRA

You have not met the FMLA/CFRA's 12-month length of service requirement. As of the first date of requested leave, you will have approximately _____ months towards this requirement.

You have not met the FMLA/CFRA's 1,250 hours worked requirement. As of the first date of requested leave, you will have approximately _____ hours worked toward this requirement.

You have exhausted your leave entitlement in the applicable 12-month period.

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Employee Last Name | Employee First Name | Employee Middle Name | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part B: Rights and Responsibilities for Taking FMLA/CFRA/PDL Leave

As explained in Part A, you meet the eligibility requirements for taking FMLA/CFRA/PDL leave and still have FMLA/CFRA/PDL leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA/CFRA/PDL leave, you must return the certification provided. You have 15 calendar days from the above date to provide certification.** If sufficient information is not provided in a timely manner, your leave may be delayed or denied.

You must provide the information indicated below:

- Sufficient certification to support your request for leave. A certification form that sets forth the information necessary to support your request is enclosed.
- Sufficient documentation to establish the required relationship between you and your family member (e.g., birth certificate, adoption papers, or declaration of domestic partnership).

FAMILY MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT

1. You have a right to take up to 12 weeks of leave in a 12-month period. A 12-month period will be based on a calendar year (January 1 - December 31).
2. You have a right under FMLA military caregiver leave to take up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member who has a serious injury or illness incurred in the line of duty while on active duty. This 12-month period will commence on the first day of your approved caregiver leave.
3. Your health benefits will be maintained during any period of FMLA/CFRA unpaid leave under the same conditions as if you continued to work.
4. You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/CFRA-protected leave.
5. If you do not return to work following your leave for a period of 30 days for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA/CFRA leave; (2) the continuation, recurrence, or onset of a covered service member's serious injury or illness, which would entitle you to FMLA/CFRA leave; (3) other circumstances beyond your control; or (4) retirement; you may be required to reimburse the State for the cost of health insurance premiums paid on your behalf during your unpaid leave.
6. You have the right to use your sick, vacation, and/or other leave balances, provided you meet any applicable Memorandum of Understanding, law, regulation, rule, or department policy. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA/CFRA leave.
7. When on intermittent leave, you are responsible for following your department's regular call-in procedures, and you must identify any applicable time off as FMLA/CFRA time.

PREGNANCY DISABILITY LEAVE

If your leave does qualify as PDL, you will have the following rights and responsibilities while on leave:

1. You have the right to take up to four months of unpaid disability leave. Four months is defined as 17.33 weeks. If additional time off is needed, then it will be processed through the reasonable accommodation process.
2. You can take leave during or after a pregnancy during any period of time you are physically unable to work because of pregnancy, pregnancy-related condition, or childbirth-related condition.
3. You have a right to request reasonable accommodation upon the advice of your health care provider.
4. Generally, your leave entitlement under CFRA is not affected by any time taken under PDL. However, leave taken under PDL will run concurrent with FMLA.
5. Your health benefits will be maintained during any period of PDL under the same conditions as if you continued to work.
6. You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from PDL or transfer due to PDL.
7. At your discretion, you can use leave credits, including accrued sick leave during any unpaid portion of PDL.
8. When on intermittent leave, you are responsible for following your department's regular call-in procedures and you must identify any applicable time off as PDL time.

Privacy Notice

This notice is provided pursuant to the Information Practices Act of 1977.

The department listed below is requesting the information specified on this form:

Department/Division

The information collected will be used for purposes of determining your eligibility for FMLA/CFRA/PDL benefits.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, there may be a delay in processing your request.

Department Privacy Policy

The information collected by the department above is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy.

Access to Your Information

Information provided on this form will be maintained by the department above pursuant to the State Records Management Act. Individuals have the right of access to copies of this form on request. Send requests to:

Department Contact Information

[Empty box for Department Contact Information]