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CFRA Conditional Designation Letter for Family Member - Training Narrative
(CAA2101A)

Purpose: Use to conditionally grant CFRA leave when an employee is out for a family member's serious health condition.

After you have downloaded the form from our webpage, save it to your computer.

We suggest grouping the letters/forms by leave type, and then have separate folders for the letters and forms. You may want to organize it like our Table of Contents so you can easily cross-reference our list with your folders to easily determine what letters you have or do not have.

Once the document is saved, open it so you can create your company template by updating all the **blue highlights** within the document.

The **yellow highlights** are employee specific details and will be changed with individual situations.

To update the blue highlights, begin by executing a "Find and Replace" for the word "Company." Replace "Company" with your organization's business name.

- You will then need to choose the way your organization calculates CFRA eligibility. This will either be roll forward, rollback or annual/calendar year. *Please note: If your policy does not speak to this and your notification letters do not tell the employee which way you calculate the employee will get to chose which calculation benefits them the most.*
- If your policy manual does not specify, work with whomever in your company can help you make this decision and integrated into the letters first and then in to your policy manual as soon as possible. *(We suggest Roll-Forward. Call us to schedule a consultation to discuss why we believe this is the better choice or how to make the switch to roll forward)*
- Determine whether your policy manual says the employees "must" or "may" use PTO/Vacation/Sick leave and updated the appropriate sections.
- List all leave and/or disability benefits offered by your state or company, which the employee may be eligible to receive.



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- If there is a medical benefit co-payment, include the name of the person the employee should contact regarding these payments and where the payments should be mailed. Add any other instructions necessary so the co-payment reaches the right person and is processed correctly.
- Next, you will indicate whom the employee is to contact in the event that they cannot return to work.
- In accordance with your policies, indicate how many days in advance the return to work date employees are required to notify you if they cannot return to work. *If this is not addressed in your, we suggest a two day notice.*
- Enter your name, title and contact telephone number.

You have successfully completed your template! Save it so it can be used when customizing the yellow highlights.

The first few yellow highlights include the current date and the name and address of the employee. Date the letter the day it will be mailed to the employee.

Enter the date the employee first notified you of the need for leave. If the employee has been out due to the serious health condition of a family member for 5 consecutive days and you are therefore conditionally designating, use the first day the first day of missed work as the day of notification.

The effective date will be the date of the letter or the notification if you are creating the letter within 5 days of receiving the notification.

Note: You are required by the CFRA to send the letter within 5 days of being notified. You cannot retroactively designate CFRA if the 5-day window is missed.

The medical certificate is due 15 calendar days from the date of the letter or 15 days from the date of notification if your letter is getting out within 24-hours of the notification from the employee.

The set of yellow highlights is the fourth paragraph addresses how many weeks of CFRA is available to the employee.



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- Input how many weeks the employee has available. This would be 12 weeks if they have not used any of their current CFRA benefit. If they have used it, be sure to subtract out what has been used and input only the time left available to the employee.
- Enter the dollar amount and the due date of the employee's share of cost of benefits if there.

Delete the sentence below if your organization does not provide PTO/Vacation/Sick vacation pay, you may delete the following sentence from the letter:

"If you are eligible for state disability insurance (SDI) or Paid Family Leave (PFL), your SDI benefits and PTO/sick and vacation leave pay will be coordinated so that your SDI/PTO/sick and vacation leave payments do not exceed your normal rate of pay."

Finally you would enter the date one-day prior to their expiration of the medical certificate if they have provided you one. If not, delete the last part of the sentence as indicated and do not enter a date.

Under the enclosures section:

1. California Family Rights pamphlet
2. California Family Rights Act (CFRA) Medical Certification form
3. State Disability/Paid Family Leave pamphlet

Once the letter has been completed, we suggest reading through it or having someone else proofread it to be sure that it makes sense and sections weren't missed. We also suggest sending the letter via regular and certified or return receipt mail so that there isn't any question that the employee has received the letter. Maintain a copy of the letter sent in the employee medical file, and if you are utilizing our Medical Leave Management (MLM) timeline (GE1007), update the timeline with the title of the letter and the date sent along with any other important dates such as a medical certificate expiration date, due dates, benefit expiration, etc.

It's important to document ALL conversations with the employee as well as maintaining a record of all documents sent to and received from the employee on the MLM timeline.



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If the employee fails to return the medical certificate, please see CFRA Designation Conditional Letter Second Request (CAA2102).

If the employee does turn in a satisfactory medical certificate, please see CFRA Designation Letter (CAA2103).