**- CFRA Conditional Designation Letter for Family Member (CA2101A)**

Send Certified And Regular Mail

Certification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

EMPLOYEE

ADDRESS

Dear EMPLOYEE NAME:

COMPANY has received information on DATE [FOR ANNUAL RENEWALS USE FIRST DATE OF THE NEW FMLA PERIOD THAT THEY REQUESTED LEAVE] that indicates you were absent due to the illness of a family member that may qualify as leave under the California Family Rights Ace (CFRA). However, we have not yet received the required certification by your Health Care Provider indicating you qualify for job and attendance protection under the /CFRA leave laws.

Effective DATE, we are placing you on conditional CFRA leave, pending receipt of the enclosed medical certification from your Health Care Provider. You must provide the completed enclosed medical certification confirming the need for leave no later than DATE [15 DAYS FROM THE DATE EMPLOYEE PROVIDED NOTICE IF THIS LETTER IS SENT WITHIN 24 HOURS OF THAT DATE, OTHERWISE 15 DAYS FROM THE DATE OF THIS LETTER] in order for the CFRA leave of absence to be approved, including retroactively designating CFRA upon your request. Timely submission of your medical certification will assure your time off work, your job and your benefits all have greater protection under CFRA.

**Failure to provide the required enclosed medical certification confirming the need for leave may result in denial of CFRA protected leave, and may subject you to disciplinary action for excessive absences, up to and including termination.**

If your absence is approved as CFRA per the completed medical certification, you will have available to you NUMBER OF WEEKS (##) weeks of California Family leave. As of DATE you have previously used NUMBER OF weeks (##) days (##), hours (##) of California Family Leave during the current roll forward/roll back/annual [CHOOSE YOUR COMPANY’S LEAVE PERIOD] from DATE 12-month period. This includes the conditionally approved leave, leaving you with NUMBER OF WEEKS (##) weeks and NUMBER OF DAYS (##) days.

/CFRA leave is an unpaid leave. In accordance with COMPANY policy you may use/must use [CHOOSE ONE, OR NONE] any accrued unused vacation/sick/PTO [VERIFY WITH COMPANY POLICY WHICH TO USE]. As of DATE, you currently have NUMBER OF weeks (##)/days (##)/hours (##) of vacation/sick/PTO. Once your accrued leave has been exhausted, CFRA leave is unpaid.

[NOTE HERE IF THERE ARE ADDITIONAL COMPANY SPECIFIC POLICIES THAT CONTINUE TO PAY WAGES]

Your health care benefits will continue for up to 12 weeks during your CFRA leave provided you are enrolled at the time leave began. If you currently contribute to the payment of benefits, you must continue to do so while on leave. Your payment amount is $DOLLAR AMOUNT and will be due on DATE. Please send your payment to COMPANY, ADDRESS and JOB TITLE.

**Should you fail to return to work at the end of the approved CFRA leave, or fail to provide continued, ongoing, medical certification confirming the need for additional leave (not to exceed a total of twelve weeks in a 12-month period), COMPANY will not guarantee reinstatement to your prior position nor that a job will be available for you upon your return.**

**In the event you are unable to return to work or you are requesting additional leave, please contact the HR/LEAVE ADMINISTRATOR NAME “NUMBER OF DAYS” [VERIFY WITH POLICY OR DETERMINE INTENT AND BE CONSISTENT] days prior to you expected return to work date so we may plan accordingly regarding your continued absence or intent to return to work.**

If you have any questions about the California Family Leave Rights or other benefits, please contact:

Name: HR CONTACT NAME

Phone: HR CONTACT NUMBER

Enclosures:

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