**CFRA Denial Notification - Not Eligible Letter with Workers’ Compensation (CAA2214)**

Send Certified And Regular Mail

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

DATE

NAME

ADDRESS

Dear NAME:

COMPANY has received information on DATE, indicating your request for leave under the California Family Right Act (CFRA) medical leaves. **This issue is unrelated to any of your rights or benefits under the Workers’ Compensation regulations.**

**Your request for CFRA leave is not approved based on the following:**

You have not met the CFRA’s 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_ months towards this requirement. \*

You have not met the CFRA’s 1,250-hours-worked requirement. \*

You do not work and/or report to a site with 50 or more employees within 75-miles.

You have/will have exhausted your CFRA leave on DATE.

\*Please note, when you meet the 12-month worked service requirement and the 1250-hour per year worked requirement, your eligibility will be re-evaluated. Please do not hesitate to request leave at that time. Refer to the CFRA policy guidelines for specific leave request requirements

At this time:

☐ You have [NUMBER OF HOURS] available of accrued unused PTO/Vacation/Sick leave.

OR

☐ You do not have any PTO/Vacation/Sick leave available and your current leave is unpaid.

Per COMPANY policy, you must use/may use PTO, sick and/or vacation prior to eligibility for an unpaid leave of absence [VERIFY]. If you are eligible for State Disability Insurance (SDI) or Paid Family Leave (PFL), and elect to use PTO, sick and/or vacation, your pay will be coordinated so that your SDI/PFL and PTO, sick and/or vacation leave payments do not exceed your normal rate of pay. Information about State Disability Insurance (SDI) and Paid Family Leave (PFL) benefits are enclosed with this letter. It is your responsibility to apply for such benefits through the local Employment Development Department (EDD).

If you are currently enrolled in healthcare benefits, and you are in an unpaid leave of absence, your benefits will end the first day of the month following the month in which the unpaid leave begins on, DATE. COBRA information will follow under a separate cover at that time.

At this time, there are / there are no other options available to you under COMPANY’s policies. [BE SPECIFIC and SPELL OUT WHAT IS AVAILABLE OR WHAT THEY HAVE ALREADY UTILIZED]

An employee returning from a Workers’ Compensation leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if the employee on Workers’ Compensation leave would have been laid off had he or she not gone on leave, or if the employee’s position has been eliminated or filled in order to avoid undermining COMPANY’s ability to operate safely and efficiently during the leave, and no equivalent or comparable positions are available, then the employee would not be entitled to reinstatement.

**Please remember you are solely responsible for providing on-going medical certificates indicating your need for a medical leave of absence until such time your Workers’ Compensation claim has closed.** Your current medical certificate expires on DATE.

Remember that if you are absent because of your own illness or injury, you must provide COMPANY with a Certification of Health Care Provider for Employee Return to Work (RTW) form when you return to work (see enclosed).

If you have any questions, please feel free to contact me.

Name: CONTACT NAME AND TITLE

Phone: CONTACT INFORMATION

Enclosures:

1. Certification of Health Care Provider for Employee to Return to Work Form
2. State Disability/Paid Family Leave pamphlet