



LEAVE MANAGEMENT SOLUTIONS
www.LeaveManagementSolutions.com

PDL - CFRA - SDI - PFL Conditional Designation Letter- Training Narrative
(CAA3201)

Purpose: Use to conditionally grant PDL and inform them of the opportunities for CFRA Baby Bonding, State Disability Leave (SDI) and Paid Family Leave (PFL).

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

We recommend 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.

- Under PDL:
 - Enter the Smallest Increment of time used in your payroll system. This could be 15 minutes, 5 minutes, 1 minute, but cannot be more than 1 hour.

- Under CFRA:
 - Select 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 her the most.*

 - If your policy manual does not specify, you will want to work with whomever in your company can help you make this decision and get it 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!)*



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- Under Required Medical Certification:
 - Enter the title of the point of contact and update all appropriate sections.

- Enter the address, fax number and telephone number for the HR Department or person(s) responsible for getting the information. NOTE – *if you give the fax number it must be a confidential fax line to protect the employee's privacy rights.*

- Under Compensation During Leave:
 - Determine whether your policy manual says the employees must use or may use sick leave and update the appropriate sections. Remember you may not require an employee to use PTO/Vacation during PDL.

 - Also determine whether the employee must or may use vacation/PTO for CFRA after PDL has exhausted or has ended.

 - Verify if your paystubs list the amount of accrued leave for your employees. If it does not, change this to reflect how your employees can verify the amount of accrued leave they have.

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.

- Under PDL:
 - Enter the total number of hours available for the employee. If the employee normally works 40 hours per week, her benefit will be 693 hours. If the employee only works 20 hours per week her benefit would be 346.5 hours. You will base her hourly benefit on the total hours per week she works on average. Also enter this average hours per week for NORMAL HOURS WORKED PER WEEK

- Under Medical Benefits, enter her copay amount for all benefits.



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Under the enclosures section:

1. Medical Certification of Health Care Provider for PDL
2. Include a blank Authorization for Release of Medical Information (GE1004) if you do not have one on file. These are always nice to have, however it is not required to obtain information that allows to understand if the employee is a Qualified Individual with a Disability and to determine if an accommodation is required to perform the functions of the job. It is not appropriate to inquire into the medical history of the employee. Stay focused on what functions of the job they can perform with or without accommodation. This completed form allows you to engage in conversations with the medical provider if you need obtain additional information to determine if you can provide accommodation(s) without causing your organization undue hardship and the employee has been unsuccessful in providing it to you. However we always suggest you do so with the employee present.
3. Certification of Health Care Provider for Employee Return to Work Form (GE1003). Remember, if an employee requests to return to work early, an employer must reinstate her within two business days of her request to return to work.
4. CFRA Fact Sheets
5. COMPANY's Leave Policies
6. COMPANY Leave Request Form (IF APPLICABLE)
7. Brochure "State Disability Insurance Provisions"
8. Brochure "Paid Family Leave"

Once the letter has been completed, we recommend reading through it or having someone else proofread it to be sure that it makes sense and sections weren't missed. We also recommend 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.