**PDL - SDI - CFRA - PFL Conditional Designation Second Request Letter (CAA3202)**

Send Certified And Regular Mail

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

DATE

EMPLOYEE NAME

ADDRESS

Dear EMPLOYEE:

COMPANY received information, which indicates that you anticipate being absent for a reason that may qualify as leave under Pregnancy Disability Leave (PDL) as well as State Disability Insurance (SDI) and Paid Family Leave (PFL). However, as of DATE [DATE MED CERT WAS DUE FROM ORIGINAL NOTIFICATION CONDITIONAL DESIGNATION LETTER], we have not yet received the required certification by your Health Care Provider indicating you qualify for job and attendance protection under PDL and CFRA leave benefits.

**As stated in our previous letter provided to you on [DATE LETTER MAILED/HAND DELIVERED], we are placing you on conditional PDL leave, pending receipt of the enclosed medical certification from your Health Care Provider. You must provide the enclosed medical certification confirming the need for leave no later than DATE [SEVEN (7) CALENDAR DAYS FROM THE DATE OF THIS LETTER OR FROM THE INITIAL DUE DATE, WHICHEVER IS LATER] in order for the PDL leave of absence to be approved. Timely submission of your medical certification will assure your current time off, your job, and your benefits are protected under PDL/ CFRA.**

**Failure to provide the required enclosed medical certification by the date indicated above, confirming the need for leave, will result in a delay of your authorized PDL protected leave, and may subject you to disciplinary action for excessive absences.**

**PDL:**

Pregnancy Disability Leave (PDL) allows for up to four (4) months of leave for an employee who is pregnant or disabled by a pregnancy-related condition, as certified by a Health Care Provider. The State of California defines 4 months as 17 1/3 normal work weeks or 693 hours, based on a 40-hour workweek. In your case, your total entitlement period is equivalent to NUMBER hours of leave, based on NORMAL HOURS WORKED PER WEEK hours per day. The leave can be taken intermittently in NUMBER OF MINUTES [SMALLEST INCREMENT OF TIME USED TO CALCULATE LEAVE] minute increments or on a reduced schedule, also as certified by a Health Care Provider.

Each female employee is eligible for PDL, as needed for the period(s) of time she is pregnant or disabled by pregnancy, childbirth, or related medical conditions, regardless of her length of service with COMPANY. In addition, if modifications to the employee’s position or a job transfer are required to perform the functions of your job, you can request a transfer to a different position. Please ensure your Health Care Provider is specific regarding which functions you are unable to perform on the enclosed medical certificate.

If you are otherwise eligible and receiving company sponsored heath care benefits, they will continue throughout the duration of your PDL. Usual and customary co-payments are required.

**CFRA:**

Approved leave under the California Family Rights act (CFRA) will NOT run concurrently with your PDL leave. You are eligible for CFRA once PDL has exhausted or no longer require if you have worked at least 12 months cumulatively and a minimum of 1250 hours total in the 12 months, immediately preceding your first day of leave.

To track entitlement for the aforementioned leaves, the 12-month period is calculated as: a "rolling" 12-month period measured backward/forward OR annually, starting from MONTH to MONTH [SELECT ONE] from the date the leave usage begins.

After your healthcare provider certifies your disability has ended, or PDL has exhausted, you are eligible to take additional leave under CFRA. You must notify us of as soon as possible of your intent to take CFRA Baby Bonding but no later than 30 days prior to your first day of requested CFRA baby bonding leave. In the event you do not provide a 30-day notice, your CFRA baby bonding leave may be delayed.

All leaves for which you are eligible and for which you are approved will run concurrently as allowed by state and federal regulations.

**SDI and PFL**

During the time you are designated as disabled as a result of your pregnancy by your Health Care Provider, you may be eligible for State Disability Insurance (SDI) and Paid Family Leave (PFL) through California’s Employment Development Department (EDD). Please discuss the required paperwork with your treating Health Care Provider.

During baby bonding, you may be eligible for Paid Family Leave (PFL) through EDD.

Enclosed are two brochures that briefly explain each of these benefits. If you would like additional information, your Health Care Provider may be able to help you, or you can contact EDD directly.

**Required Medical Certification:**

Final approval and designation of PDL leave is pending the COMPANY’S receipt of a medical certification confirming the need for leave. If your Health Care Provider indicates the need for intermittent, reduced schedule leave, or an accommodation to continue working, the form must include as much detail as possible regarding times/days you will need to be away from work, the requested reduced schedule, and/or the exact nature and duration of the accommodation so that you and your TITLE [SUPERVISOR/HR/ LEAVE ADMINISTRATOR] can discuss and arrange a manageable modified, reduced, and/or accommodated work schedule. You and your TITLE [SUPERVISOR/HR/ LEAVE ADMINISTRATOR] will also need to discuss under what conditions you will be taking authorized leave hours. This should include the manner in which you will keep your supervisor informed of your work schedule. Your timesheets must clearly reflect all PDL leave hours taken, so that we can track and compute the increments to be applied toward your PDL entitlement period.

**The PDL Medical Certification Form needs to be completed by your Health Care Provider and returned to TITLE [SUPERVISOR/HR/ LEAVE ADMINISTRATOR] within seven (7) calendar days.** You also need to complete and submit COMPANY’s Leave Request form. The form is enclosed for your convenience. Please remember, you are solely responsible for providing current and ongoing medical certification confirming the need for leave.

Please return the completed, signed Certification form to me at one of the following address:

Address:   
Confidential Fax:   
Phone

**Compensation During Leave:**

Both Pregnancy Disability and Family Medical leaves are unpaid leaves of absence. During your PDL leave, you may/must take any accrued and unused sick leave, you may take any accrued and unused Paid Time Off (PTO)/Vacation. [VERIFY WITH COMPANY POLICY] You must notify TITLE [SUPERVISOR/HR/ LEAVE ADMINISTRATOR] if you would like to utilize accrued leave. The amount of accrued Sick/Vacation/PTO available to you is shown on your last paycheck stub, or you can contact the payroll department for your current accrued leave amount.

As you accumulate additional Sick/Vacation/PTO time, for hours worked, they will be utilized as indicated above. If you are eligible for State Disability Insurance (SDI) benefits, they will be coordinated with your leave pay so that combined, will not exceed your normal rate of pay. Information about SDI benefits is enclosed with this letter. It is your responsibility to apply for such benefits through the local Employment Development Department (EDD).

You will be required to/may use any accrued and unused Sick/Vacation/PTO for CFRA and/or additional leave after your PDL ends [VERIFY WITH COMPANY POLICY, IF IT IS SILENT YOU ERR ON THE SIDE OF THE EMPLOYEE – THEY MAY, NOT MUST]

All other leave is unpaid.

The amount of accrued leave available to you is shown on your last paycheck stub, or you can contact the TITLE [SUPERVISOR/MEDICAL LEAVE ADMINISTRATOR] for your current accrued balance. As you accumulate additional leave time for hours worked they will be utilized as indicated above.

**Company Benefits:**

PDL and CFRA leaves of absence will not affect enrollment in COMPANY’s [ADD ANY OTHER RELEVANT COMPANY SPECIFIC BENEFITS HERE. THIS IS FOR DISABILITY PLANS, AND ANY OTHER COMPANY SPONSORED BENEFITS THEY WILL OR WILL NOT ACCRUE OR PAY IN TO WHILE OUT ON ANY TYPE OF LEAVE] if you are enrolled at the time of leave.

**Medical Benefits:**

During both PDL and CFRA leaves of absence you are eligible to continue your participation in any group medical benefits for which you are currently enrolled at the time of leave. Group medical benefits do not exceed a total of 12 weeks under CFRA and 17 weeks plus 3 days under PDL. However, during that time you will be responsible for payment of COPAY(s) AMOUNT employee contribution that would normally be taken through payroll deductions. The normal deduction amount is shown on your payroll stubs. If you are participating in COMPANY’s group medical benefits during your leave, please contact me to discuss a payment arrangement as soon as possible. Note that a period of intermittent leave will not apply to this period if you continue to work the minimum hours or more per week required for employer benefits eligibility.

**Your medical benefit coverage will end when your PDL leave exceeds 4 months (17 1/3 weeks) if you have not yet stated or elected to use CFRA**. You benefits continue during CFRA leave for up to 12 weeks. You will then be eligible for COBRA and COBRA information will be sent to you at that time.

Remember that if you are absent because of your own illness or injury, you must provide COMPANY with a medical release to return to work form or certification from your medical provider of continued disability on or before the day any current medical leave certification expires.

Designation of PDL will be provided upon receipt of the enclosed medical certificate from your Health Care Provider. **Please remember, you are fully responsible for providing ongoing medical certification confirming the need for leave.**

Please make sure you review all the enclosed documentation as well as the related company policies carefully so you are fully aware of your compliance requirements. I am available to assist you with any questions or concerns you may have.

Name: NAME AND TITLE

Phone: CONTACT INFORMATION

Enclosures: PDL Medical Certification Form

Authorization for Release of Medical Information

Certification of Health Care Provider for Employee Return to Work Form

CFRA Fact Sheets

COMPANY Leave Policies

COMPANY Leave Request Form

Brochure “State Disability Insurance Provisions”

Brochure “Paid Family Leave”