**CFRA Denial Not Eligible - PDL Conditional Designation - SDI - PFL (CAA3203)**

Send Certified And Regular Mail

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

DATE

NAME

ADDRESS

Dear NAME:

COMPANY received information, which indicates that you anticipate being absent for a reason that may qualify as leave under Pregnancy Disability Leave (PDL) the California Family Right Act (CFRA), as well as State Disability Insurance (SDI) and Paid Family Leave (PFL). In an effort to assist you in planning for your upcoming leave of absence we are providing you the following information to assist you planning for and understanding these various leaves.

This letter will serve to inform you that although you are eligible for PDL, you are **not** eligible for CFRA leave at this time. CFRA does not run concurrent to PDL but can be used when PDL has exhausted and for Baby Bonding.

**CFRA:**

CFRA entitlement occurs if you have worked at least 1,250 hours in the 12 months immediately preceding the date the leave began and you have worked a cumulative of 12 months for the COMPANY. To track entitlement for CFRA leaves, the 12-month period is calculated as: a "rolling" 12-month period measured backward/forward from the date of any government-mandated leave usage begins OR annually, starting from MONTH to MONTH.

**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.

**While you are not eligible for CFRA at this time, you may qualify for PDL under California state law.**

**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. PDL does not run concurrent to CFRA.

**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 leave taken for 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 15 calendar days, DATE.** You will also need to fill out and submit the 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 the following address or fax number:

ADDRESS:   
Confidential Fax:

Phone

You will be advised within five (5) business days of receipt of the required medical certification if your leave is approved under the eligible policies above. If the Certification form is not received within 15 days, or does not support your request for leave, your request will not be approved. Failure to return a completed Certification form which supports your request for leave may delay the commencement of your leave or cause COMPANY to take other appropriate action, up to and including termination of your employment if unapproved leave time is taken.

**You must notify us if the circumstances of your leave change and you need additional absence dates or cancellation of requested absence dates. If you are able to return to work earlier than the date indicated on the medical certification, you will be required to notify us at least two workdays prior to the date you intend to report for work so that we can coordinate a smooth transition of your job duties.**

**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 PTO/Vacation 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.

After your PDL ends you are required to/may use any accrued PTO/VACATION for any additional leave. All other leave is unpaid. [MAKE SURE YOU VERIFY WHAT THE COMPANY POLICY SAYS REGARDING THESE ISSUES, IF IT IS SILENT YOU ERR ON THE SIDE OF THE EMPLOYEE – THEY MAY, NOT MUST]

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).

All other leave is unpaid.

**Company Benefits:**

PDL and CFRA leaves of absence will not affect enrollment in COMPANY’s retirement plan if you are enrolled at the time of leave. [ADD ANY OTHER RELEVANT COMPANY SPECIFIC BENEFITS HERE.]

**Medical Benefits:**

During PDL you are eligible to continue your participation in any group medical benefits while you are out on leave for which you are currently enrolled at the time of leave. Group medical benefits do not exceed a total of 17 weeks plus 3 days under PDL or 12 weeks under the CFRA. 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 the first day of the month following the month in which your PDL leave exceeds 17 weeks plus 3 days and when CFRA medical benefits exceeds 12 weeks. You will then be eligible for COBRA and COBRA information will be sent to you at that time. If you do not return to work at the end of an authorized leave, you may be required to repay any health insurance premiums that were paid on your behalf by COMPANY during your leave.

**Your medical benefit coverage will end when your PDL leave exceeds 4 months 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.

Your formal designation of PDL will be provided upon receipt of medical certification from your Health Care Provider. Please remember, you are solely responsible for providing ongoing medical certification confirming the need for leave. Any and all leaves for which you are eligible and for which you are approved will run concurrently unless protected by state and federal regulations.

You also must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return from leave. NOTE: If your leave extends beyond the end of your PDL, or CFRA job-protected leave entitlement, you will not have this right to reinstatement unless protected by additional state or federal regulations or COMPANY‘s [BE SPECIFIC IF ANY OTHER COMPANY POLICIES EXISTS, IF NOT DELETE THE WORD COMPANY] leave policy.

Also, please provide your supervisor or human resources representative with a telephone number where you can be reached while on leave. It is imperative that this contact number be kept current throughout your leave period.

Please make sure you review all the enclosed documentation as well as the related policies carefully so you are fully aware of your compliance requirements.

If you have any questions about the PDL leave or any other benefits, please contact:

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”