**PDL - CFRA - SDI - PFL Designation Letter (CAA3205)**

Send Certified And Regular Mail

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

DATE

EMPLOYEE NAME

ADDRESS

DEAR EMPLOYEE:

COMPANY received information indicating that you will be absent from work for a reason that qualifies as leave under Pregnancy Disability Leave (PDL) and California law as California Family Rights Act (CFRA).

On DATE, COMPANY received the medical certification from your health care provider indicating the following:

* LIST INFORMATION FROM MEDICAL CERTIFICATE HERE

Under state and federal law, you are entitled to pregnancy disability leave/family and medical leave of up to 17 1/3 weeks or 693 hours, if you are disabled because of pregnancy, childbirth or other related medical condition.

**PDL:**

The State of California defines 4 months as 17 1/3 normal workweeks or 693 hours, based on a 40-hour workweek if you are disabled because of pregnancy, childbirth or other related medication condition. In your case, the total entitlement period is equivalent to NUMBER hours of leave, based on NUMBER OF HOURS [NORMAL HOURS WORKED PER WEEK] hours per week. 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, as certified by a physician.

While PDL is for a maximum of 17 1/3 weeks, CFRA may be taken for a maximum of twelve (12) weeks. However, the right to time off for PDL/FMLA is limited to a maximum of 17 1/3 weeks, since PDL and CFRA run concurrently.

You previously used HOURS/DAYS of PDL during the current pregnancy and thus the total remaining PDL available to you is HOURS/DAYS.

According to the information received, you should be able to return to work on DATE. If you are unable to return to work on DATE, you must contact your TITLE [SUPERVISOR/HR/ LEAVE ADMINISTRATOR]. Should you fail to return to work at the end of the approved PDL leave or fail to provide continued medical certification of the need for additional leave (not to exceed 17 1/3 weeks of PDL), the COMPANY will not guarantee reinstatement to your position, nor that a job will be available for you upon your return.

**CFRA:**

Approved leave under the California Family Rights Act (CFRA) will run NOT concurrently with your PDL leave. Upon exhaustion of PDL or following delivery and once your Health Care Provider ends your disability; you are eligible to take additional leave under CFRA. If you will be taking CFRA for baby bonding leave, we ask that you advise us of that date as soon as possible, however, no later than 30 days prior to your first day of requested CFRA baby bonding leave, so that we can correctly determine the beginning of your CFRA leave and your estimated date of return. In the event you do not provide a 30-day notice, your CFRA baby bonding leave may be delayed.

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 [VERIFY POLICY] A 12-month period, and this method to determine it, is used for all government mandated laws unless a given leave law mandates a time period and/or method different from the one listed above.

All leaves for which you are eligible and for which you are approved will run concurrently.

**Compensation During Leave:**

Both PDL and CFRA 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 use accrued PTO/Vacation leave. 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]

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

**SDI and PFL**

If you are eligible for State Disability Insurance (SDI), your benefits and sick leave pay will be coordinated so that your SDI/sick leave payments do not exceed your normal rate of pay. Information about 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).

**Medical Benefits:**

If you were enrolled for health care benefits at the time of leave, those benefits will be continued for a maximum of twelve (12) weeks under CFRA and 17 1/3 weeks under PDL. You are required to continue to pay medical benefit payments under the same terms as if you had continued to work, during any unpaid PDL or CFRA leave of absence. If you currently contribute to the payment of benefits, you must continue to do so while on leave. Your payment in the amount of $\_\_\_\_\_\_\_\_ is due on or before DATE of each month.

Please send the payment to:

WHO/TITLE

ADDRESS

**Required Medical Certification:**

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

**Please remember you are solely responsible for providing on-going medical certificates indicating your need for a continued need for PDL.** Your current medical certificate expires on DATE.

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

Name: NAME AND TITLE

Phone: CONTACT INFORMATION

Enclosures: CFRA Fact Sheets

COMPANY Leave Policies

Brochure “State Disability Insurance Provisions”

Brochure “Paid Family Leave”

PDL Medical Certification Form

Certification of Health Care Provider For Employee Return to Work Form