

Employee Letter – Pregnancy Disability Leave (PDL) Only

Instructions For The Department

If an employee is not eligible for FMLA/CFRA leave, use this letter to respond to notice of an employee's absence due to Pregnancy Disability Leave (PDL). No FMLA/CFRA/PDL Designation Notice will be given to the employee. Respond within 10 calendars days after receiving medical certification from the employee's health care provider stating the time period the employee will be out on PDL. Under state law, an employee is entitled to PDL upon hire, up to a maximum of 17 1/3 weeks (693 hours/122 days which equals one-third of a calendar year based on a 40-hour work week) per pregnancy, if the employee is disabled because of pregnancy, childbirth, or other related medical condition. If the employee works less than 40 hours per week, leave is calculated on a pro rata or proportional basis.



Employee Letter - PDL Only

Date _____

EE# _____

Dear _____,

_____ (department) has received medical certification indicating that you are disabled because of pregnancy as of _____ (date). Under state law, you are entitled to pregnancy disability leave of **up to** a maximum of 4 months if you are disabled because of pregnancy, childbirth, or other related medical condition and certified by your health care provider. The 4 months is defined as 17.3 weeks or 693 hours, which equals one-third of a calendar year, based on a 40-hour work week. If you work less than 40 hours per week, your leave will be calculated on a pro rata or proportional basis.

According to the medical documentation, you should be able to return to work on _____ (date). Please notify your department if your return date is incorrect as soon as possible. If you need additional leave beyond the PDL, you will need to provide us with further medical documentation of your need for continued leave.

If you are eligible for state disability insurance (SDI), you are required to participate in the County Integration program or the Buy Back program, pursuant to your MOU or County Policy. Your SDI benefits and sick leave pay will be coordinated so that your SDI/sick leave payments do not exceed your normal rate of pay.

Once you have exhausted your sick leave accruals you may take any other accrued, unused vacation and/or other accruals. If you wish to use any of these accruals during your pregnancy disability leave, please advise _____ (name) _____ (phone).

Your medical benefit coverage may continue during your pregnancy disability leave for up to four months in a 12-month period per pregnancy commencing on the date the leave begins. In order to maintain your benefits, if you currently contribute to the payment of benefits, you must continue to do so while on leave. Your payment will be due on or before the 10th of each month either through payroll deduction or by paying the County directly. If your payment is more than 30 days late, your benefits will cease and you will receive COBRA information. If you will be paying the County directly, please send your payment to:

Benefits Accounting - EBSU
Contra Costa County
1025 Escobar Street 2nd Floor
Martinez, CA 94553

Remember that you must provide your department with a **Certification of Health Care Provider for Employee Return to Work** form or a medical certification from your doctor of continued disability on or before _____ (day after the prior certification expires).

If you have any questions about pregnancy disability leave or other benefits, please contact:

Representative

Phone

Department Name

Email

Address

City

State

Zip