

# FMLA/CFRA/PDL Designation Notice

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## Instructions for Department

Leave covered under the Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL), and County FMLA Extension (CFMLA+) must be designated as FMLA, CFRA, PDL, or CFMLA+ protected and the department must inform the employee of the amount of leave that will be counted against the employee's FMLA, CFRA, PDL or CFMLA+ leave entitlement.

In order to determine whether leave is covered under the FMLA, CFRA, PDL, or CFMLA+ the department will request that the leave be supported by a **Certification of Health Care Provider** form. No certification is needed for baby bonding.

If the certification is incomplete or insufficient, the department must state in writing what additional information is necessary to make the certification complete and sufficient (Use Section II).

Once the department determines leave qualifies for FMLA, CFRA and/or CFMLA+, this form must be provided to the employee within five business days of the department having enough information to determine whether the leave is for an FMLA/CFRA/CFMLA+ qualifying reason.

## Section 1 - Department

Indicate the most recent date the department received a request, medical certification, or other documentation of the employee's need for leave and indicate a reason for the leave. If an employee is requesting both pregnancy leave and baby bonding leave, then two boxes would be checked.

Indicate whether the leave is approved or denied, or if additional information is needed. If leave request is approved, indicate whether leave is for FMLA only, CFRA only, FMLA/CFRA running concurrently, CFMLA+, or PDL. Multiple leave types may apply. CFMLA+ only applies to those employees eligible for the additional 6 weeks of leave with the same protections as FMLA for a total of 18 workweeks of protected leave. CFMLA+ would not be checked if the employee only qualifies for 12 weeks of FMLA. If leave is denied state at least one reason why.

## Section II – Additional Information Needed

If needed, indicate any additional information needed to make a leave request determination. Use this section to cure a medical certification that is incomplete or insufficient. State what needs to be corrected and attach original medical certification to this request and return it to the employee. You may also use Section IV or attach a separate letter. Second and Third Opinions are rarely utilized and only required after consulting with County Counsel.

## Section III – FMLA/CFRA/CFMLA+ Approved

State how the approved leave will be taken. An employee could take leave for one or all three reasons listed (Continuously, Reduced Schedule, Intermittently). Calculate how many weeks/days/hours the employee will be using for their leave. Enter the amount to be used for each type of leave. These calculations will include the current request and any FMLA/CFRA, CFMLA+ used for this reason in the previous 12 months, (based on a 12-month rolling calendar). Do not count any time used beyond 12 months.

**Continuous Leave** – only enter the start/end dates for the continuous leave period.

**Reduced Schedule** – only enter the start/end dates for the reduced scheduled period. Enter the reduced schedule hours & days for the period. Add any notes, if necessary, here or in Section IV if more room is needed.

**Intermittent Leave/Appointments** – if leave is unscheduled, the estimate time possible needed (based on medical certification) will be entered here. Start and end dates must be stated, end dates **cannot** be unknown, lifelong, TBA. Parameters will be entered only for the intermittent leave period. Appointments will be listed here for both unscheduled and/or scheduled appointments. Use Section IV Notes if more information needs to be given.

**PDL** - leave is for PDL only or PDL/FMLA. If an employee is designated for PDL and baby bonding and also qualifies for FMLA, check this box, and fill in the appropriate boxes above indicating PDL will run concurrently with FMLA. If an employee only qualifies for PDL but needs intermittent leave or a reduced work schedule, check this box and put the specifics of the PDL leave in the Notes Section. If an employee only qualifies for PDL and no additional leave requirements are needed or requested, use the Employee Letter - PDL Only.

## Previous Leave Taken

Calculate **all** FMLA, CFRA, CFMLA+ the employee has used in the previous 12 months (based on a 12-month rolling calendar). Do not include current designation in these totals. The remaining balances of the employee's entitlement are what is available to use in the 12-month qualifying period. (These are estimates.)

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## **Please Be Advised**

For FMLA/CFRA/CFMLA+ leave, you may not require employees to use paid leave if the employee is receiving money through a paid disability plan such as State Disability (SDI), Paid Family Leave (PFL), workers' compensation, or long-term disability. Employees can choose to supplement these wage replacement benefits with paid leave. The only exception to this rule is for employees who receive State Disability (SDI) are required to participate in the County's Integration Program and some employees receiving Long-Term disability may be required to use accruals during the 60-day waiting period (refer to the employee's MOU or County Policy). Employees designated for PDL can only be required to use sick leave accruals and currently this requirement is only for those employees using SDI concurrently, otherwise use of accruals is at employee's discretion. Advise the employee even if using accruals, on workers' compensation, using SDI, PDL, or AWOP, their time off will still be designated as FMLA, CFRA, CFMLA+, and/or PDL and **will** run concurrently. The County does not pay for protected leave so the first box will always be checked.

## **Use of State Disability Insurance (SDI) and Paid Family Leave (PFL)**

Advise the employee they may be eligible for SDI and/or PFL benefits. Pursuant to employee's MOU or County Policy, employees receiving SDI benefits are required to participate in the County's Integration Program and integrate their sick leave accruals to supplement the difference between their SDI payments and their base monthly salary. Integration does not apply to PFL. Employees will need to apply for SDI/PFL through EDD.

## **Use of LTD**

Advise the employee if they may be or are not eligible for Long Term Disability (LTD).

## **Continued Health Benefits**

Employees are entitled to continued health benefits during FMLA/CFRA for a maximum of 12 weeks. Some employees may be eligible to extend their leave for up to an additional 6 weeks, County FMLA Extension (CFMLA+), with the same FMLA protection for a total of 18 weeks of protected leave pursuant to their MOU or County policy. Under California law, employees on Pregnancy Disability Leave (PDL) will be allowed to continue to participate in group health coverage for up to a maximum of 4 months of PDL (if such insurance was provided before the leave was taken) on the same terms and conditions as if the employee had continued to work. If an employee pays for any or all of their benefits, they must continue to do so while on FMLA/CFRA/CFMLA+/PDL. The entitlements to County paid group health coverage during PDL and during FMLA/CFRA/CFMLA+ for baby bonding are two separate entitlements.

Provide the dates the continuation of benefits begins and ends, and the due date for payments. The grace period for health benefits payment is 30 days. If the employee does not have enough accruals to cover their premiums, they must submit their premium payments to the benefit department directly if they wish to maintain coverage.

## **Return to Work**

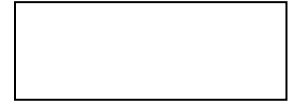
The department will require a **Certification of Health Care Provider for Employee Return to Work** of the employee's ability to return-to-work if the absence is for the employee's own serious health condition. This medical certification addresses the employee's ability to perform the essential functions of the employee's job. The department must provide the employee with a list of the essential functions of the employee's job, no later than with this designation notice. Attach the essential functions of the employee's job to the Designation Notice so the employee's health care provider can certify that the employee is able to perform the essential functions of their job upon return to work.

If the original medical certification stated a return-to-work date you do not need to provide the Return-to-Work Certification. (FYI, if the original return-to-work date changes, you will need to send the employee a Return-to-Work Certification that must be completed prior to the employee resuming work.)

If the leave will run concurrently with Workers' Compensation (except for Labor Code 4850, fire & sheriff) coordinate with Risk Management regarding medical certifications and return to work dates. Workers' Compensation may run longer than the employees FMLA/CFRA/CFMLA+ entitlement. FMLA/CFRA/CFMLA+ will only be designated for 12 or 18 weeks (stated in Section III), however, the return date will be the date the employee will physically be at work which could include extended time on workers' compensation or ADA accommodation.

## **Section IV - Additional Notes or Comments**

Add any additional notes or comments that are necessary or relate to this case.



## FMLA/CFRA/PDL Designation Notice

### SECTION I - EMPLOYER

Date: \_\_\_\_\_

EE# \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

The County is responsible in all circumstances for designating leave as FMLA/CFRA/CFMLA+ qualifying and giving notice to the employee. Once an eligible employee communicates a need to take leave for an FMLA/CFRA/CFMLA+ qualifying reason, an employer may not delay designating such leave and neither the employee nor the County may decline FMLA/CFRA/CFMLA+ protection for that leave.

On \_\_\_\_\_ we received your most recent information to support your need for leave due to:

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly placed child.
- Your own serious health condition.
- The serious health condition of your spouse, child, parent, domestic partner, grandparent, grandchild, sibling, parent-in-law or designated person.
- Your own pregnancy, childbirth or related medical condition.
- A qualifying exigency arising out of the fact that your spouse, child, parent, or domestic partner is on covered active duty or has been notified of an impending call or order to covered active duty with the Armed Forces.
- Serious injury or illness of a covered servicemember where you are the servicemember's spouse, child, parent or next of kin (Military Caregiver Leave).

We have reviewed information related to your need for leave under the FMLA/CFRA/CFMLA+ along with any supporting documentation provided and decided that your request is: (Select as appropriate)

**Approved.** All leave taken for this reason will be designated as (Go to Section III for more information):

- FMLA Only
- CFRA Only
- CFMLA+ Only
- FMLA and CFRA leave with FMLA and CFRA leave running concurrently
- FMLA/CFMLA+ and CFRA leave with FMLA/CFMLA+ and CFRA leave running concurrently
- PDL Leave
- PDL and FMLA leave with PDL and FMLA running concurrently
- PDL and FMLA/CFMLA+ leave with PDL and FMLA/CFMLA+ leave running concurrently

**Not Approved** (Select as appropriate)

- The applicable leave regulations for FMLA, CFRA, and/or CFMLA+ do not apply to your leave request.
- You have exhausted your leave entitlement in the applicable 12-month period.
- Complete and sufficient certification was not provided.
- Other: \_\_\_\_\_

**Additional information** is needed to determine if your leave request qualifies as FMLA/CFRA/CFMLA+ leave. (Go to Section II for the specific information needed. If you FMLA/CFRA/CFMLA+ leave request is approved or not approved, and no additional information is needed go to Section III.

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## SECTION II – ADDITIONAL INFORMATION NEEDED

We need additional information to determine whether your leave request qualifies under the FMLA/CFRA/CFMLA+. Once we obtain the additional information requested, we will inform you within 5 business days if your leave will or will not be designated as FMLA, CFRA, and/or CFMLA+ leave and count towards the amount of FMLA, CFRA, and/or CFMLA+ leave you have available. Failure to provide the additional information as requested may result in a denial of your FMLA/CFRA/CFMLA+ Leave request.

### Incomplete or Insufficient Certification

The certification you have provided is incomplete and/or insufficient to determine whether the FMLA, CFRA, and/or CFMLA+ applies to your leave request. (Select as applicable)

- The certification provided is incomplete and we are unable to determine whether the FMLA, CFRA, and/or CFMLA+ applies to your leave request. "Incomplete" means one or more of the applicable entries on the certification have not been complete.
- The certification provided is insufficient to determine whether the FMLA, CFRA and/or CFMLA+ applies to your leave request. "Insufficient" means the information provided is vague, unclear, ambiguous, or non-responsive.

**Specify the information needed to make the certification complete and/or sufficient:**

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You must provide the request information no later than (provide at least seven calendar days) \_\_\_\_\_ unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

### Second and Third Opinions

The County is exercising its right to have you obtain a  second or  third opinion medical certification at the County's expense and will provide further details at a later time. *Note: the employee or the employee's family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issues.*

## SECTION III– FMLA/CFRA/CFMLA+ LEAVE APPROVED

Your FMLA, CFRA, and/or CFMLA+ leave request is approved. All leave taken for this reason will be designated as FMLA, CFRA, and/or CFMLA+ leave and will count against the amount of FMLA, CFRA, and/or CFMLA+ leave you have available to use in the applicable 12-month period. The FMLA/CFRA/CFMLA+ requires that you notify us as soon as practicable if the dates of scheduled leave change, are extended or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against the total amount of FMLA/CFRA/ CFMLA+ leave you have available to use in the applicable 12-month period: (Select as appropriate)

**Leave will be taken:**  Continuously  Reduced Schedule  Intermittently

Provided that there is no deviation from your anticipated FMLA/CFRA/CFMLA+ leave schedule, the following number of weeks, days, or hours will be counted against your continuous and reduced leave entitlement:

FMLA \_\_\_\_\_ CFRA \_\_\_\_\_ CFMLA+ \_\_\_\_\_

<input type="checkbox"/> Your continuous FMLA/CFRA/CFMLA+ leave period begins on: _____ and ends on: _____
<input type="checkbox"/> Reduced Schedule begins on: _____ ends on: _____, <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. Reduced Work Hrs. Per Day: _____ Reduced Schedule Notes: _____
<input type="checkbox"/> Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your <input type="checkbox"/> FMLA <input type="checkbox"/> CFRA <input type="checkbox"/> CFMLA+ entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period). Your Intermittent Leave and/or appointments has been authorized for the following frequency/duration: Start Date of Intermittent Leave: _____ End Date of Intermittent Leave: _____ Frequency: _____ times per _____ week(s) _____ month(s) Duration: _____ hours or _____ day(s) per episode Appointments: _____
<input type="checkbox"/> Your PDL is based on the certification provided by your physician. The leave may be modified as your changing medical condition dictates. Your anticipated scheduled time to be counted against your <input type="checkbox"/> PDL only or <input type="checkbox"/> PDL/FMLA leave entitlement and will begin on: _____ and end on: _____

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### Previous Leave Taken

According to our records (which may not reflect adjustments), you have previously utilized:

FMLA \_\_\_\_\_ CFRA \_\_\_\_\_ CFMLA+ \_\_\_\_\_

during the current rolling 12-month period, and thus your **estimated available** balance is:

FMLA \_\_\_\_\_ CFRA \_\_\_\_\_ CFMLA+ \_\_\_\_\_

### Please be advised (check if applicable):

- Some or all of your FMLA/CFRA/CFMLA+/PDL leave will not be paid. Any unpaid FMLA/CFRA/CFMLA+ leave taken will be designated as FMLA/CFRA/CFMLA+ leave and counted against the amount of FMLA/CFRA/CFMLA+ leave you have available to use in the applicable 12-month period. If applicable, any unpaid PDL time taken will be counted against your PDL entitlement.
- You have requested to use some or all of your available paid leave (e.g., sick, vacation, other) during your FMLA/CFRA/CFMLA+/PDL leave. Any paid leave taken for this reason will count against your FMLA/CFRA/CFMLA+ leave entitlement to use in the applicable 12-month period and, if applicable, count against your PDL entitlement.
- You are required to use some or all of your available paid leave (e.g., sick, vacation, other) during your FMLA/CFRA/CFMLA+ leave. Any paid leave taken for this reason will also be designated as FMLA/CFRA/CFMLA+ leave and counted against the amount of FMLA/CFRA/CFMLA+ leave you have available to use in the applicable 12-month period.
- You are required to use available sick leave accruals during your PDL leave. Any sick leave taken for this reason will count against your FMLA/CFMLA+ leave entitlement.
- Your FMLA/CFRA and/or CFMLA+ will run concurrently with your Workers' Compensation Designation. Leave approval and absences will be based on your Workers' Compensation Designation. Be advised your FMLA/CFRA/CFMLA+ entitlement of  12 weeks  18 weeks cannot be extended and may be exhausted before your Workers' Compensation Designation.
- Other: \_\_\_\_\_ (e.g., Short- or Long-term disability, PFL, AWOP, etc.) Any time taken for this reason will also be designated as FMLA/CFRA/CFMLA+ leave you have available to use in the applicable 12-month period.

### Use of State Disability Insurance (SDI) and Paid Family Leave (PFL)

- If you are eligible for State Disability Insurance (SDI) you are required to integrate your sick leave accruals to supplement the difference between your SDI payment and your base monthly salary. Integration of SDI/sick leave accruals may not exceed your base monthly salary. You will need to apply for SDI directly with EDD.
- You are not eligible for State Disability Insurance (SDI).
- You may be eligible for Paid Family Leave (PFL), a partial wage replacement benefit provided by the state when you are caring for a qualified family member. You will need to apply for PFL directly with EDD.
- You are not eligible for Paid Family Leave (PFL).

For further information on SDI/PFL, contact your Department's Personnel Representative or the HR Benefits Department.

### Use of Long-Term Disability (LTD)

- You may be eligible for LTD. A 60-day waiting period would apply before benefits would be applied. Claims must be filed within 90 days of disability. Contact the Benefits Department for more information.
- You are not eligible for LTD.

### Continued Health Benefits

Under state and federal family and medical leave laws, you are eligible for continued health benefits during your FMLA/CFRA leave for a maximum of 12 weeks (under CFMLA+ your benefits  do /  do not extend to 18 weeks). Under California law, employees on pregnancy disability leave will be allowed to participate in group health coverage for **up to** a maximum of 4 months of disability leave (if such health benefits were provided before the leave was taken) on the same terms as if you had continued to work.

Your continuation of health benefits will begin on \_\_\_\_\_ (date leave begins). If you currently contribute to the payment of benefits, you must continue to do so while on leave. Your payment is 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. Please send the payment to:

Benefits Accounting - EBSU  
Contra Costa County  
1025 Escobar Street, 2nd Floor  
Martinez, CA 9455

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Your medical benefit coverage will end on \_\_\_\_\_ (date leave ends). You may be eligible for continued COBRA coverage if your absence continues beyond the FMLA/CFRA/CFMLA+/PDL covered period.

If your FMLA leave is to care for an ill or injured servicemember, health benefits will continue for a maximum of 26 weeks, after which time you will be eligible for COBRA.

If you opted out of health benefits or health benefits were terminated during your protected leave time, you must contact the Benefits Department within 30 days of your return-to-work date to be restored to your previous coverage. Time beyond protected leave time or notifying the Benefits Department outside of the 30 days will result in waiting for the next open enrollment period to be reinstated.

### Return to Work Requirements

According to the information received, you should be able to return to work on \_\_\_\_\_ (date). This date may include time covered under Americans with Disabilities Act (ADA) or worker's compensation, however, your protected time under FMLA/CFRA/CFMLA+/PDL is only for the time period stated in Section III of this form. If you are unable to return to work at the time state here, you must contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

You are required to return to work at the end of the approved FMLA/CFRA/CFMLA+/PDL leave unless approved for additional leave as stated above. If you have need for additional FMLA/CFRA/CFMLA+/PDL leave you should provide continued medical certification (not to exceed entitlements pursuant to Federal or State law or the employee's MOU or County policy).

To be restored to work after taking FMLA/CFRA/CFMLA+ leave, you  will be/  will not be required to provide a certification from your health care provider that you are able to resume work. This request for a return-to-work certification is only with regard to the particular serious health condition that caused your need for FMLA/CFRA/CFMLA+ leave. **If such certification is not timely received, your return to work may be delayed until the certification is provided.**

A list of the essential functions of your position  is /  is not attached. If attached, the return-to-work certification must address your ability to perform the essential job functions.

### Section IV: Additional Notes or Comments

If you have any questions about FMLA/CFRA/CFMLA+/PDL or other benefits, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employees should retain a copy of this disclosure in their records for four years.

Portions of this form are adapted for California use from U.S. Department of Labor WH-382 June 2020 (OMB Control Number 1235-0003).