LETTER TO EMPLOYEE TO INITIATE FMLA/CFRA LEAVE

Date: XX, 2017

Dear:

Re: Notice of FMLA/CFRA Eligibility, Rights and Responsibilities, and Designation of Leave

The purpose of this letter is to notify you about your eligibility for Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) leave.

A. Notice of Eligibility

On XX, 2017, you informed us of your need for a leave of absence, effective immediately, for the birth of your child and for baby bonding purposes. In general, to be eligible for FMLA/CFRA leave an employee must have worked for an employer for at least 12 months, have worked at least 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within a 75-mile radius. This notice is to inform you that you are eligible for FMLA/CFRA leave. Additional rights and responsibilities are described below.

B. Rights and Responsibilities for Taking FMLA/CFRA Leave

You are eligible for up to 12 weeks of unpaid leave in a 12-month period measured backward from the date of your first FMLA leave usage. As explained above, you meet the eligibility requirements for taking FMLA/CFRA leave. You have not previously used FMLA/CFRA, and therefore, you have 12 weeks of leave available to you in the applicable 12-month period. You will be required to use your accrued, unused sick and vacation during your FMLA/CFRA absence.

Your health benefits will be maintained during this 12-week period under the same conditions as if you continued to work. While on your FMLA/CFRA leave you will be responsible for contacting [**Who and at what #]** to make arrangements to continue to make your share of the health insurance premiums in order to maintain health benefits while you are on leave. The amount of your payment will be **$?** per pay period. If payment is not made on time, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date your health coverage will lapse, or, at our option, we may pay your share of the premiums during your FMLA leave and recover these payments from you upon your return to work. If you do not return to work following FMLA/CFRA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be

required to reimburse us for our share of the health insurance premiums paid on your behalf during your leave.

Further, this leave will be considered protected under FMLA/CFRA, and the leave will be counted against your FMLA/CFRA leave entitlement. You have the right to reinstatement to the same position, or an equivalent position in terms of pay, benefits, and terms and conditions of employment, upon your return from FMLA/CFRA leave. If your leave extends beyond the end of your FMLA/CFRA entitlement, you do not have reinstatement rights.

C. Designation of Leave

Your FMLA/CFRA leave request is approved as of **XX, 2017** pending receipt of the enclosed Certification of Health Care Provider. Please return this form to us no later **XX, 2017.** Once received, all leave taken for this particular FMLA-qualifying reason will be designated as FMLA/CFRA leave.

The FMLA requires that you notify us as soon as practicable if dates of your scheduled leave change or are extended. Based upon the information you have provided to date, you do not have a confirmed return-to-work date.

Enclosed, for your convenience, is a Paid Family Leave brochure which outlines how you may contact the EDD to request a claim form. Paid Family Leave is unpaid through **[COMPANY NAME]**; however, you may receive partial wage replacement through the Employment Development Department (EDD).

Please contact **[Who and at what #]** if you have any questions or would like any more information regarding FMLA/CFRA leave or this information. We wish you the best and look forward to your return.

Sincerely,

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