

EMPLOYER CHECKLIST
Pregnancy Disability Leave (PDL)
when requested with
Family and Medical Leave Act (FMLA)

Steps to follow	Date given to employee (completed by employer)	Form Name (Form #)	Action Necessary	Required timeframe to issue to employee	Purpose of Form
#1 <input type="checkbox"/>	Date _____	Leave of Absence Request Form (includes WHD 1420) (Form #4502)	Ask employee to complete when requesting time off for PDL	Immediately when employee requests time off	To request time off for an FMLA/PDL leave of absence: Employer to respond via Form #4502, Form #4503 and #4602; also explains the rights and responsibilities under FMLA entitlement although employer has not yet determined eligibility
	Date _____		Once employee has returned the completed Employee Statement portion; complete and return Employer Response portion	No later than five (5) calendar days from the date of employee's request of leave via return of Employee Statement portion	
#2 <input type="checkbox"/>	Date _____	"Notice B" Family Care and Medical Leave (CFRA Leave) and Pregnancy Disability Leave	To be given to the employee when requesting time off for PDL	Immediately give to the employee when she completes the LOA Request Form	Explains the employees rights under the California Family Rights Act (CFRA) and the Pregnancy Disability Leave (PDL)
#3 <input type="checkbox"/>	Date _____	Notice of Eligibility and Rights and Responsibilities PDL and FMLA (Form #4604)	Give to employee when requesting time off along with completed Employers Response portion of Form #4502	No later than five (5) calendar days from the date of the employee's request for leave	Notifies employee if eligible for FMLA/PDL and specifies certain rights and responsibilities under FMLA

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#4 <input type="checkbox"/>	Date _____	California Certification of Health Care Provider PDL or PDL/FMLA (Form #4601) and Authorization for Release of Medical Information form	To be given to the employee if no medical certification from a health care provider has been received	Within two business days of receipt of leave request; employee to return to employer within 15 calendar days	Medical provider certification requiring the employee to take a leave under the California Pregnancy Disability leave
#5 <input type="checkbox"/>	Date _____	Designation Notice PDL and FMLA (Form #4602)	Give to the employee once you have determined if the employee is entitled to PDL/FMLA; attach a copy of a Return-to-Work certification (Form #4515) if you will require it before the employee can return from leave	To be given to the employee within five (5) business days of receipt of the health care provider certification	States designation of PDL/FMLA, explains denial or designation and specifies time available for FMLA leave of absence and PDL leave of absence
If FMLA Leave approved skip to #7, if not approved continue to step #6					
#6 <input type="checkbox"/>	Date _____	Response to Your Request for Pregnancy Disability Leave (PDL)(Non FMLA/CFRA) (Form #4702)	Employer completes the form and gives to employee	Recommend giving to employee at the same time as Designation Notice	Explains the non-FMLA/PDL medical leave provisions and the employee's responsibilities during the leave of absence
#7 <input type="checkbox"/>	Date _____	EDD Disability Insurance pamphlet	Give pamphlet to employee who is	Recommend immediately when employee	Provides an explanation of the disability benefits available as a wage replacement through the

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			requesting a pregnancy leave of absence	requests time off	EDD for time off of work due to a personal medical condition
#8 <input type="checkbox"/>	Date _____	EDD Paid Family Leave Insurance pamphlet	Give pamphlet to employee who is requesting a pregnancy leave of absence	Recommend immediately when employee requests time off	Provides an explanation of the paid family leave benefits available as a wage replacement through the EDD for time off of work for baby bonding
If additional time off is requested for baby bonding following PDL/FMLA, continue to step #9					
#9 <input type="checkbox"/>	Date _____	Response to Your Request for CFRA Baby Bonding Leave (Form #4603)	Give to employee if requesting baby bonding leave to begin after FMLA/PDL leave	Give to employee at least two (2) weeks prior to end FMLA/PDL leave	Explains CFRA leave following PDL/FMLA and the employee's responsibilities during the leave of absence