

FMLA/CFRA/PDL Designation

(Approval/Conditional Approval/Denial)

Instructions for Department

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

In order to determine whether leave is covered under the FMLA, CFRA, or PDL, the department must 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.

Once the department determines leave qualifies for FMLA, CFRA and/or PDL, this form must be provided to the employee within 5 business days of determination.

Part A: Leave Approval

Indicate the most recent date the department received a request, medical certification or other documentation of the employee's need for leave.

Indicate whether the leave is FMLA, CFRA, or PDL. Multiple leaves types may apply.

Leave Duration

If leave beginning and ending dates are known, indicate those dates in the first check box.

If the length or timing of leave is not known, use the second check box.

If the leave is for PDL check the third box and check the first box if the employee will also be taking leave for baby bonding.

Return to Work

Complete this section if the approximate return to work date is known for the employee. Be sure to include the name and phone number of the person this employee is to contact if the return date changes.

If the absence is for the employee's own serious health condition, the department must require a **Certification of Health Care Provider for Employee Return to Work** form of the employee's ability to return to work. 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 so the employee's health care provider can certify that the employee is able to perform the essential functions of his/ her job upon return to work.

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Use of Paid Leave

Complete this section if applicable and the employee will use other paid leave during FMLA/CFRA/PDL.

Refer to employee's MOU or County Policy regarding an employee's entitlement to use accruals.

Use of SDI

Complete this section if the employee will receive SDI benefits. Pursuant to employee's MOU or County Policy, employees receiving SDI benefits are required to participate in either the County's Buy Back Program or integrate their sick leave accruals to supplement the difference between their SDI payments and their base monthly salary.

Continued Health Benefits

Under federal and state law, employees on FMLA/CFRA receive up to a maximum of 12 weeks of continued health benefits as if they were still at work (refer to employee's MOU or County Policy as some employees have a Leave entitlement of up to 18 weeks for FMLA). Under California state law, employees on PDL (Pregnancy Disability Leave) are entitled up to a maximum of 4 months of continued health benefits, under the same terms and conditions as if they were still at work. Such insurances must have been provided before leave was taken. If an employee pays for any or all of their benefits, they must continue to do so while on FMLA/CFRA/PDL. The entitlements to County paid group health coverage during PDL and during FMLA/CFRA 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.

Part B: Leave Conditionally Granted

Advise the employee of any information that is required but has not been received or that is incomplete.

Part C: Leave Denial

Complete this section if the employee is not eligible for leave, has not provided the required medical certification, or has exhausted his/her FMLA/CFRA leave.



Contra Costa County

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To: _____ EE# _____

Date: _____

We have reviewed your request for leave under the FMLA, CFRA, and/or PDL and any supporting documentation that you have provided.

Part A: Leave Approval

We received your most recent information on _____ and determined that your leave request is **approved**.

All leave taken for this reason will be designated as (check all that apply):

FMLA leave

CFRA leave

PDL leave

Leave Duration

The FMLA, CFRA, and PDL require that you notify us as soon as practicable of the dates of your scheduled leave change, or 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 your leave entitlement.

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

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 FMLA/CFRA 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 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 PDL leave entitlement will be: _____

Return to Work

According to the information received, you should be able to return to work on _____ (date). If you are unable to return to work at that time, you must contact:

Name: _____ Phone: _____

You are required to return to work at the end of the approved FMLA/CFRA/PDL leave. If you have need for additional FMLA/CFRA/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).

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If absent because of your own illness or injury:

you must provide your department with the **Employee Return to Work Certification** on or before _____ (day after prior certification expires). You will be required to present this release to **Return to Work Certificate** to be restored to employment. If the release is not timely received, your return to work may be delayed until the release is provided. A list of the essential functions of your position is attached. The release to **Return to Work Certification** addresses your ability to perform these essential functions.

medical certification from your doctor of continued disability on or before _____ (day after prior certification expires).

Use of Accruals

Please be advised (check if applicable):

You have requested to use accruals during your FMLA/CFRA/PDL leave.

You are required to use available sick leave accruals during your FMLA/CFRA/PDL leave.

Use of SDI

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.

If you are eligible for state disability insurance (SDI) you are required to participate in the County's Buy Back Program. Your SDI benefits and sick leave pay will be coordinated so that your SDI/sick leave accruals may not exceed your normal rate of pay.

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

Continued Health Benefits

Under state and federal family and medical leave laws, you are eligible for continued health benefits during your FMLA/CFRA/PDL 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: _____ (date, *i.e.* 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
651 Pine Street, 5th Floor
Martinez, CA 94553

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/PDL covered period.

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Part B: Conditional Approval - Additional Information Needed

Additional information is needed to determine if your request can be approved:

- The certification you have provided is not complete and sufficient to determine whether FMLA/CFRA/PDL applies to your leave request. You must provide the following 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.

(Specify information needed to make the certification complete and sufficient)

- 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.

Part C: Leave Denial

Check all that apply:

Your request for the following is **not approved**: FMLA CFRA PDL

Reason for denial. Check all that apply:

- The applicable leave regulations do not apply to your request.
 Complete and sufficient certification was not provided.
 You have exhausted your leave entitlement in the applicable twelve-month period.

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

Name: _____ Phone Number _____

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