

CFRA LEAVE Designation Notice

Employee Name: _____

Date: _____

We have reviewed your request for leave under CFRA and any supporting documentation that you have provided. We received your most recent information on _____ (date) and determined:

Part 1 - Your CFRA leave request is approved.

CFRA requires that you notify us as soon as practicable if dates of 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:

- You previously have used _____ (days/hours) of CFRA leave during the current 12-month period and thus the total remaining CFRA leave available to you is _____ (days/hours).

_____ Provided there is no deviation from your anticipated leave schedule, the following number of (**circle one:** hours, days, or weeks) will be counted against your leave entitlement: _____

_____ Because the leave you will need will be intermittent or unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your 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).

Please be advised (check if applicable):

_____ You have requested to use paid leave during your CFRA leave. Any paid leave taken for this reason will run concurrently with CFRA and will not extend the time of your CFRA leave entitlement.

_____ We are requiring you to substitute or use paid leave during your CFRA leave. If you are eligible for and receiving state disability insurance (SDI) or Paid Family Leave (PFL), please notify _____ immediately. Please be prepared with the amount of the weekly benefit you are receiving through SDI/PFL if you have been provided that information by the Employment Development Department.

_____ You may use paid leave during your CFRA leave. If you are eligible for and receiving state disability insurance (SDI) or Paid Family Leave (PFL), your SDI or PFL benefits and paid leave will be coordinated so that your SDI or PFL payments and paid leave payout does not exceed your normal rate of pay. Please be prepared with the amount of the weekly benefit you are receiving through SDI/PFL if you have been provided that information by the Employment Development Department.

Under state family and medical leave, you are eligible for continued health benefits for a maximum of twelve (12) weeks. Your continuation of health benefits will begin on _____ (date). If you currently contribute to the payment of benefits, you must continue to do so while on leave. Your payment in the amount of \$_____ is due on or before _____ (date, i.e. 15th of each month).

CFRA LEAVE Designation Notice

Make payments to:

Representative

Company Name

Address

City

State

Zip

Your medical benefit coverage will end on _____ (date). If your CFRA leave exceeds twelve (12) weeks, you will be eligible for COBRA and COBRA information will be sent to you at that time.

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) at _____ (phone) or _____ (e-mail).

You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position _____ is _____ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

When you return from a family and medical leave you will be reinstated to your previous position or to an equivalent position with equivalent benefits, pay, and terms and conditions of employment. However, you have no greater right to reinstatement than if you had been continuously employed rather than on leave. For example, if while on family and medical leave you would have been laid off had you not gone on leave, or if your job has been eliminated during the leave and there is no equivalent or comparable jobs available, then you would not be entitled to reinstatement. In addition, your use of family and medical leave will not result in the loss of any employment benefit that you earned or were entitled to before using family and medical leave.

Should you fail to return to work at the end of the approved CFRA leave, or fail to provide continued medical certification of the need for additional leave (not to exceed twelve (12) weeks), the Company will not guarantee reinstatement to your prior position nor that a job will be available for you upon your return.

Part 2 - Additional information is needed to determine if your CFRA leave request can be approved.

_____ The certification you have provided is not complete and sufficient to determine whether CFRA 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):

_____ We are exercising our right to have you obtain a second or third opinion medical certification of your medical condition at our expense, and we will provide further details at a later time.

CFRA LEAVE Designation Notice

Part 3 – Leave Denial - Your leave request is not approved.

Reason for denial. Check all that apply:

- ☐ The leave regulations do not apply to your leave request.
 - ☐ Complete and required certification was not provided
 - ☐ You have exhausted your leave entitlement in the applicable 12 month period.
-

If you have any questions, contact _____, via phone at _____ or
_____ (email). You can also view the poster located in
_____ (*break room, office, etc.*).