

CFRA – NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES

Part A – NOTICE OF ELIGIBILITY

Employee Name: _____

Date: _____

On _____, you informed us that you needed leave beginning on _____ for:

- ☐ The birth of a child, or placement of a child with you for adoption or foster care (baby bonding);
☐ Your own serious health condition, including a workers' compensation injury;
☐ Because you are needed to care for a covered person, due to a serious health condition. Check one:
☐ spouse; ☐ child; ☐ parent; ☐ registered domestic partner; ☐ child of registered domestic partner;
☐ grandparent; ☐ grandchild; ☐ sibling; ☐ parent-in-law; ☐ designated person.
☐ Because of a qualifying exigency arising out of the fact that your ☐ spouse/registered domestic partner;
☐ child; ☐ parent is on covered active duty or call to covered active duty status with the Armed Forces.

Based on the information you have provided, we have determined that: (check one):

☐ You **are eligible** for CFRA leave.

☐ You **are not eligible** for CFRA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

☐ You have not met the CFRA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.

☐ You have not met the CFRA's hours of service requirement. As of the first date of requested leave, you have worked approximately _____ hours towards this requirement.

PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING CFRA

As explained in Part A, if you meet the eligibility requirements for taking CFRA leave you still have CFRA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as CFRA leave, you must return the following information to us by _____. *(If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice if practicable; additional time may be required in some circumstances.)* If sufficient information is not provided in a timely manner, your leave may be denied.

☐ Sufficient certification to support your request for CFRA leave. A certification form that sets forth the information necessary to support your request ☐ is ☐ is not enclosed.

☐ Sufficient documentation to establish the required relationship between you and your family member/designated person.

☐ Other information needed – specified below *(such as documentation for military family leave)*:

☐ No additional information requested.

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You have a right under the CFRA for up to 12 weeks of unpaid leave in a 12-month period, calculated as:

- ☐ the calendar year (January – December).
- ☐ a fixed leave year based on _____
- ☐ the 12-month period measured forward from the date of your first CFRA leave usage.
- ☐ a “rolling” 12-month period measured backward from the date of any CFRA leave usage.

You will have the following responsibilities while on CFRA leave (*only checked blanks apply*):

☐ Contact _____ at _____ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. **You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled,** provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during CFRA leave, and recover these payments from you upon your return to work.

Please send the payment to:

Representative

Company Name

Address

City State Zip

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

☐ You have requested to use paid leave during your CFRA leave.

☐ We are requiring you to 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. 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.

☐ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (*Indicate interval of periodic reports, as appropriate for the particular leave situation as well as have the employee inform you in writing the method of contact – phone, text, e-mail and the appropriate number and/or address to which communication should be addressed.*)

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two (2) workdays prior to the date you intend to report for work.

Employers.org

800.399.5331

CEAinfo@employers.org

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Your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work.

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from CFRA-protected leave. If your leave extends beyond the end of your CFRA entitlement, you do not have return rights under CFRA.

If you do not return to work following CFRA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to CFRA leave; or 2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your CFRA leave.

If we have not informed you above that you must use accrued paid leave while taking your unpaid CFRA leave entitlement, you have the right to have ____ sick, ____ vacation, and/or ____ other leave run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid CFRA leave. Applicable conditions for use of paid leave:

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as CFRA leave and count towards your CFRA leave entitlement. If you have any questions, please do not hesitate to contact: _____ at _____.

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