

# FMLA/CFRA LEAVE Designation Notice

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Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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## **Part 1 - Your FMLA/CFRA leave request is approved. All leave taken for this reason will be designated:**

- \_\_\_\_\_ FMLA only (If leave is due to your own pregnancy, FMLA/PDL will run concurrently- see separate PDL notice)  
\_\_\_\_\_ CFRA only leave (See Part 4)  
\_\_\_\_\_ FMLA/CFRA leave with FMLA & CFRA running concurrently

*FMLA/CFRA require 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 FMLA leave during the current 12-month period and thus the total remaining FMLA leave available to you is \_\_\_\_\_ (days/hours).
- 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 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).

## **Please be advised (check if applicable):**

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

\_\_\_\_\_ We are requiring you to substitute or use paid leave during your FMLA/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 FMLA/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.

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Under state and federal family and medical leave, you are eligible for continued health benefits for a maximum of twelve (12) weeks unless the leave is for FMLA to care for an ill or injured service member (26 weeks maximum). 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).

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Your medical benefit coverage will end on \_\_\_\_\_ (date). If your FMLA/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 FMLA/CFRA leave, or fail to provide continued medical certification of the need for additional leave (not to exceed twelve (12), or twenty-six (26) as applicable, weeks), the Company will not guarantee reinstatement to your prior position nor that a job will be available for you upon your return.

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## **Part 2 - Additional information is needed to determine if your FMLA/CFRA leave request can be approved**

\_\_\_\_\_ The certification you have provided is not complete and sufficient to determine whether the FMLA/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.

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

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\_\_\_\_\_ 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.

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## **Part 3 – Leave Denial - Your leave request is not approved for \_\_\_\_\_ FMLA \_\_\_\_\_ CFRA**

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.
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## **Part 4 - CFRA Leave Taken after FMLA/PDL**

We have received notice that you have requested California Family Rights Act (CFRA) leave for the purpose of bonding with your child, effective \_\_\_\_\_ (date). Under state law, you are entitled to CFRA leave of up to a maximum twelve weeks (60 working days) within twelve months after the birth or placement of the child. According to our calculations, your CFRA leave entitlement will end on \_\_\_\_\_ (date) and you should return to work on \_\_\_\_\_ (date).

If you decide to return sooner, please advise \_\_\_\_\_ (name) of your return date as soon as possible.

Leave requests under CFRA for purposes of bonding must be submitted according to our attendance and time off policy and will be approved consistent with those requirements. This leave must be taken in two week minimum increments, except for two separate instances when it can be taken in a smaller increment. If additional time off in smaller increments is needed, you must provide advance notice to \_\_\_\_\_ at least 30 days in advance, if practicable.

*Vacation/PTO/Sick and Medical benefits during leave.* Check all that apply:

You currently have \_\_\_\_\_ PTO/vacation hours and \_\_\_\_\_ hours of accrued sick leave.

\_\_\_\_\_ You must take any accrued and unused PTO/vacation hours.

\_\_\_\_\_ Please advise your supervisor if you wish to use any of your PTO/vacation/sick time during your CFRA leave. If you are eligible for state disability insurance (SDI), your SDI benefits and PTO/vacation or sick leave pay will be coordinated so that your SDI/sick leave payments do 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 CFRA, 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).

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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.

When you return from a CFRA 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 CFRA 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 are no equivalent or comparable jobs available, then you would not be entitled to reinstatement. In addition, your use of CFRA leave will not result in the loss of any employment benefit that you earned or were entitled to before using CFRA leave.

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