Step 1: Receive verbal notice from ee of the need for time off due to a medical reason

Step 2: Send ee the FMLA/CFRA/PDL Request Form to Complete Step 6: If ee does not cure any deficiciencies within the specified timeframe, a FMLA/CFRA/PDL Designation Notice indicating denial of the request.

Step 5: Once the med. cert. form is received, analyze it to determine whether the illness qualifies as a "serious health condition." If med. cert. is not sufficient, send FMLA/CFRA/PDL
Designation Notice giving the ee 7 calendar days to cure. If med. cert is sufficient, skip to Step 7.

Step 3: Once the ee returns the FMLA/CFRA/PDL Request Form, determine the ee's eligibility for FMLA/CFRA.* Step 4: If the ee is eligible, send out Eligibility and Rights and Responsibilities Notice and the rest of the FMLA/CFRA/PDL Packet**, and give the ee 15 calendar days to return the completed med. cert. form. If not eligible, do not send entire packet, but send the Eligibility and Rights and Responsibilities Notice explaining that the ee is not eligible. Step 7: Once a complete and sufficient med. cert. is received, send the FMLA/CFRA/PDL Designation Notice Packet*** (within 5 business days) and inform the department and timekeepers of the leave dates/schedule (send Supervisor Responsibilities Checklist and Use of Accruals Chart to supervisor).

Step 8: Once FMLA has begun, regularly monitor leave usage by checking the ee's time records, to ensure the ee does not exceed the 12 week entitlement.

Step 9: 2 weeks prior to the exhaustion of the FMLA entitlement, send the ee the FMLA Notice of Expiration of Leave and inform the HR Analyst handling the ADA/FEHA process if additional time off is needed, so they can begin the ADA/FEHA Process with the ee.

Workflow of Basic FMLA/CFRA/PDL Process – <u>No</u> Medical Documentation Received at Step 1

*When determining FMLA/CFRA leave eligibility, determine whether the employee has worked for the County for at least one year and has worked at least 1250 hours in the previous 12 month period. Additionally, determine whether the employee has used any FMLA/CFRA hours in the previous 12 month period. *Note: For pregnancy-related requests (PDL), the employee does not have to have worked for the County at least one year and worked 1250 hours in the previous year to be eligible for PDL.*

Forms Used

FMLA/CFRA/PDL Request Form

<u>**Forms Used in FMLA/CFRA/PDL Packet:</u> Eligibility and Rights and Responsibilities Notice Links to Important FMLA/CFRA and/or PDL Information form

***Forms Used in FMLA/CFRA/PDL Designation Notice Packet Designation Notice Links to Important FMLA/CFRA and/or PDL Information form

Forms Sent to Supervisor Once Leave is Designated

Supervisor Responsibilities Checklist FMLA Use of Accruals Chart