



**PART A: NOTICE OF ELIGIBILITY**

Eligibility does not mean approval. Once we obtain the information from you as specified in Part B, we will inform you within 5 business days, absent extenuating circumstances, whether your leave will be designated FMLA, CFRA, and/or PDL leave and count towards your FMLA, CFRA, and/or PDL leave entitlement.

TO:

Employee Name (Last, First, Middle)

Employee ID Number

FROM:

Department

Date

CONTACT:

Department Representative

Contact Phone

On \_\_\_\_\_, we received your request for leave for one of the following reasons:

- Your own serious health condition
- Pregnancy-related disability (includes severe morning sickness, prenatal care, and childbirth-related disability)
- To bond with a newborn child
- The placement of a child for adoption or foster care
- The care of your:  spouse  domestic partner  child/child of domestic partner  parent  
 parent-in-law  grandchild  grandparent  sibling  other designated person \_\_\_\_\_
- Assisting a:  child  spouse (includes same sex spouse)  parent  domestic partner  
who has a "qualifying exigency" related to active duty or a call to active duty status  
in support of a contingency operation as a member of the National Guard Reserves
- The care of a:  child  spouse (includes same sex spouse)  parent  
 or next of kin of a covered service member or Veteran of the United States Armed Forces who has a serious injury  
or illness incurred in the line of duty while on active duty

**This Notice is to inform you that you:**

- Are eligible for (check all that apply)  FMLA  CFRA  PDL  
(See Part B for Rights and Responsibilities)
- Are **not** eligible for (check all that apply):  FMLA  CFRA  PDL  
because (note: only one reason may be checked, although you may not be eligible for other reasons):
  - You have not met the FMLA/CFRA's 12-month length of service requirement. As of the first date of requested leave, you will have approximately \_\_\_\_ months toward this requirement.
  - You have not met the FMLA/CFRA's 1,250-hours worked requirement. As of the first date of requested leave, you will have approximately \_\_\_\_ hours toward this requirement.
  - You previously exhausted your leave entitlement in the applicable 12-month period.
  - Your leave request is being forwarded to the Disability Access Office for further consideration.

**If you have questions, contact your Department Representative listed above, or view the FMLA/CFRA/PDL information located on the HR SERVICES > FMLA/CFRA/PDL and Other Leaves web page at [www.rc-hr.com](http://www.rc-hr.com).**

**PART B: RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA/CFRA/PDL LEAVE**

As explained in Part A, you meet the eligibility requirements for taking FMLA, CFRA, and/or PDL and still have FMLA, CFRA, and/or PDL leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA, CFRA, and/or PDL leave, you must return a complete and sufficient certification. You have 15 calendar days from the above date to provide certification.** If sufficient info is not provided in a timely manner, your leave may be delayed or denied. You must provide the information indicated below:

- Sufficient certification to support your request for leave. A link to the certification form that sets forth the information necessary to support your request is enclosed.
- Sufficient documentation to establish the required relationship between you and your family member (e.g., birth certificate, adoption papers, statement of family relationship or declaration of domestic partnership.)

Employee Name (Last, First, Middle):

Employee ID Number:

No additional info needed.

Other info needed:

If your leave does qualify as FMLA, CFRA, and/or PDL, your time will be counted against these leave entitlements. Additionally, you will have the following responsibilities while on leave (only the checked boxes apply):

- Contact the Benefits Information Line at (951) 955-4981, Option #1 or your appropriate bargaining unit to make arrangements to continue making your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a 30-day grace period in which to make premium payments. If payment is not timely, we will maintain your coverage during FMLA/CFRA/PDL, and recover your share of these payments from you upon your return to work.
- To the extent allowed by law, you will be required to use your applicable leave balances during your absence. Refer to the Use of *Accruals for Family and Medical Leave* chart for specific leave usage requirements.
- While on leave you will be required to furnish us with reports of your medical status and intent to return to work as your status changes and prior to the expiration of your leave.

**If the circumstances of your leave change and you are able to return to work earlier than the date indicated above, you will be required to notify the County at least two work days prior to the date you intend to return to work.**

#### FMLA/CFRA LEAVE

If your leave does qualify as FMLA/CFRA leave, you will have the following **rights and responsibilities** while on leave:

- You have a right to take up to 12 weeks of leave in a 12-month period (calculated as a "rolling" 12-month period measured backward from the date of any FMLA/CFRA leave usage).
- You have a right under FMLA military caregiver leave to take up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member who has a serious injury or illness incurred in the line of duty while on active duty. This 12-month period will commence on the first day of your approved caregiver leave.
- Your health benefits will be maintained during any period of FMLA/CFRA 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 upon your return from FMLA/CFRA-protected leave. If your leave extends beyond the end of your FMLA/CFRA entitlement, you do not have return rights under FMLA/CFRA.
- If you do not return to work following your leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA/CFRA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness, which would entitle you to FMLA/CFRA leave; or 3) other circumstances beyond your control, you may be required to reimburse the County for the cost of health insurance premiums paid on your behalf during your leave.
- If we have not informed you that you must use accrued paid leave while taking your FMLA/CFRA entitlement, you have the option to use your sick, vacation, and/or other leave balances, provided you meet any applicable requirements of the MOU and department leave policies. Applicable conditions related to the substitution of paid leave are referenced or set forth below. When on intermittent leave, you are responsible for following your department's regular call-in procedures and **you must identify any applicable time off as FMLA/CFRA time.**
- For a copy of conditions applicable to sick/vacation/other leave usage, please refer to:
  - Memorandum of Understanding, *Use of Accruals for Family and Medical Leave* chart, & Departmental Policies

#### PREGNANCY DISABILITY LEAVE

- If your leave does qualify as PDL, you will have the following rights and responsibilities while on leave:
- You have the right to take up to four months of disability leave.
- You can take leave before or after a birth during any period of time you are physically unable to work because of pregnancy, pregnancy-related condition, or childbirth-related condition. (**Note:** All leave taken in connection with a specific pregnancy counts toward computing the four month period.)
- You have a right to request reasonable accommodation upon the advice of your health care provider; such as a transfer to a less strenuous or hazardous position for the duration of your pregnancy.
- Your leave entitlement under CFRA is not affected by any time taken under PDL.
- Your health benefits will be maintained during any period of PDL 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 PDL or transfer due to PDL.
- When on intermittent leave, you are responsible for following your department's regular call-in procedures and **you must identify any applicable time off as PDL time.**

**Questions? Please contact your Department Representative using the information provided on the first page of this form.**

***Important Note: This form does not constitute an approval for FMLA/CFRA/PDL leave benefits. Approval for FMLA/CFRA/PDL leave benefits will be approved via a FMLA/CFRA/PDL "Designation Notice" if/once the eligibility criteria is met and complete and sufficient supporting documentation is provided.***