



Notice of Eligibility and Rights and Responsibilities
•Family and Medical Leave Act (FMLA) •California Family Rights Act (CFRA)
•California Pregnancy Disability Act (PDL)

To: _____ Employee ID Number: _____

Address: _____

Sent to Primary Email: _____

From: _____ Date: _____

OPTION 1: Your supervisor has notified us that you have been absent for three (3) consecutive days or more related to sick leave as of _____ and you may have a need for an extended absence. We wish to inform you of your eligibility for, and rights under, the FMLA/CFRA/PDL. You may qualify for protected leave if you or a family member has a condition that causes incapacity for more than three (3) consecutive days and requires ongoing medical treatment. (Refer to Sections I and II for additional information.)

OPTION 2: On _____, you informed us that you needed a leave beginning on _____ for the following reason:

- The birth of a child or placement of a child with you for adoption or foster care
- Your own serious health condition
- Pregnancy-related condition (includes severe morning sickness, prenatal care, and childbirth-related disability)
- Because you are needed to care for your immediate family member due to their serious health condition:

Check On: spouse registered domestic partner child/child +18 years or older child of registered domestic partner
 parent parent-in-law grandparent grandchild sibling

- Because of a qualifying exigency arising out of the fact that your: spouse, registered domestic partner, son or daughter, or parent is on active duty or call to active-duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the spouse, son, or daughter; parent; next of kin of a covered service member who has a serious injury or illness incurred in the line of duty while on active duty.

SECTION I: THIS NOTICE IS TO INFORM YOU THAT

- You are eligible for (check all that apply): FMLA CFRA PDL
- You are **not** eligible for FMLA CFRA leave because:
 - You have not met the 12-month length of service requirement. As of the first date of requested leave, you will have approximately _____ month(s) towards this requirement.
 - You have not met the FMLA/CFRA 1,250-hours-worked requirement during the 12-month period preceding your leave start date.
- You are **not** eligible because you have exhausted your FMLA CFRA PDL leave entitlement.

If you have questions about this determination contact _____ at _____.

SECTION II: RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA/CFRA/PDL LEAVE

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, you must return the information requested below to us by _____ (15 calendar days). If complete and sufficient information is not provided in a timely manner, your leave may be delayed or denied.

- Sufficient certification to support your request for FMLA/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.
- County policy requires the completion of a Request for Leave of Absence form.
- No additional information is required.

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

- If eligible, you have a right under the FMLA and CFRA for up to 12 weeks of unpaid, job-protected leave in a 12-month period. The 12-month period is measured forward from the date of your first FMLA/CFRA leave usage. Depending on the type of leave, CFRA may run concurrently with FMLA.
- If your leave qualifies as PDL, you are entitled to take up to four (4) months of leave depending on your periods of actual disability. If eligible, FMLA leave will run concurrently with PDL. CFRA does not run concurrently with PDL.
- You have a right under the FMLA for up to 26 weeks of unpaid, job-protected leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period will commence on the first day of your approved caregiver leave.
- Upon return from your protected leave, you are entitled to reinstatement to your original or an equivalent position, with the same pay, benefits, and terms and conditions of employment, unless your position ceases to exist for reasons unrelated to the leave.
- If you are approved for protected leave, the employer-paid premium contributions towards your group health insurance will continue to be covered under the same terms and conditions as if you had continued to work.
- You are responsible for paying your full share of premiums. The amount of paid leave must be enough to cover your full share of premiums for each benefit plan (e.g. medical, dental, vision), or the premiums will not be deducted from your paycheck (e.g. you do not have the option to pay a portion of your share of medical premiums and the remaining balance over the counter).
- To maintain coverage, you must make arrangements with the County's Benefits Office at (209) 468-9987 or employeebenefits@sjgov.org to pay your share of the premiums no later than the Monday of the County's pay week. Your group health insurance will be terminated unless payment is timely. Once your group health insurance is terminated, you have 30 days from the date of termination to make your premium payments.
- You will be required to use a minimum amount of available paid leave accruals per pay period before taking leave without pay following the appropriate policy/MOU/Board resolution, to the extent permitted by state and federal law. For leave due to personal illness or injury, your available paid sick leave accruals will be used before your accrued vacation, compensatory time off, holiday, or floating holiday.
- If you are receiving wage replacement benefits, such as State Disability Insurance (SDI) or Paid Family Leave (PFL), and approved for a protected leave, you will not be required to use paid leave accruals during your protected leave. However, you may elect to use available paid leave accruals in conjunction with wage replacement benefits to receive no more than 100% of your normal salary.
- If you have filed a workers' compensation claim, you have the option not to use paid leave accruals, during the determination period or while receiving temporary disability indemnity payments. *Refer to the Notice of Leave of Absence for Temporary Disability Indemnity Payment (Form-29) for additional information.*
- It is important to note that leave without pay (LWOP) does not apply service credits towards retirement and seniority. LWOP may also delay step increases and completion of probation periods, which are based on hours on payroll and job performance. For more information on purchasing retirement service credit related to an approved leave without pay visit www.sjccera.org or contact (209) 468-2163.
- If approved for an intermittent leave/reduced work schedule you are responsible for following your department's regular call-in procedures. You are also responsible for identifying applicable time off as FMLA/CFRA or PDL.
- In certain situations, while on leave, recertification can be requested
- If an extension of leave is needed, you are required to submit a Request for Leave of Absence form and the required documentation at least two (2) business days before your anticipated return date.
- If the circumstances of your leave change and you can return to work earlier than the anticipated return date, you will be required to notify us at least two (2) business days before the date you intended to report to work.
- If you do not return to work following your approved leave, you may be required to reimburse the County for its share of health insurance premiums paid on your behalf while on leave.

This notice does not constitute approval for FMLA/CFRA or PDL leave benefits. Once we obtain the additional information requested, you will receive a designation notice within five (5) business days confirming if your leave will or will not be approved under your leave entitlements as protected leave (FMLA, CFRA, or PDL). If you have any questions, please do not hesitate to contact:

_____ **at** _____.

cc: Supervisor (if notice was not originated by employee's supervisor)
Department E-PAD/Payroll Specialist
Human Resources— Position Control