

FMLA/CFRA/PDL Designation

Instructions for Department

Leave covered under the Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA), and Pregnancy Disability Leave (PDL) must be designated as FMLA, CFRA, or PDL protected and the department must inform the employee of the amount of leave that will be counted against the employee's FMLA, CFRA, or PDL leave entitlement.

In order to determine whether leave is covered under the FMLA, CFRA, or PDL, the department will request that the leave be supported by a **Certification of Health Care Provider** form. No certification is needed for baby bonding.

If the certification is incomplete or insufficient, the department must state in writing what additional information is necessary to make the certification complete and sufficient.

Once the department determines leave qualifies for FMLA, CFRA and/or PDL, this form must be provided to the employee within five business days of the department having enough information to determine whether the leave is for an FMLA/CFRA qualifying reason.

Section 1 - Employer

Indicate the most recent date the department received a request, medical certification or other documentation of the employee's need for leave.

Indicate whether the leave is approved or denied, or if more information is needed. If leave request is approved, indicate whether leave is for FMLA only, CFRA only, FMLA/CFRA running concurrently, or PDL. Multiple leaves types may apply.

Section II – Additional Information Needed

If needed, indicate any additional information needed to make a leave request determination.

Section III – FMLA/CFRA Approved

If leave beginning and ending dates are known, indicate those dates in the first check box. If the length or timing of leave is not known, use the second check box.

If the leave is for PDL, use the third check box and use the first check box if the employee will also be taking leave for baby bonding. Indicate whether leave is PDL only or if it will be taken concurrently with FMLA.

Indicate any FMLA/CFRA leave the employee has used in the previous 12-month period (based on a 12-month rolling calendar) and whether employee will be using other paid leave during FMLA/CFRA.

For FMLA only or FMLA/CFRA leave, you may not require employees to use paid leave if the employee is receiving money through a paid disability plan such as Paid Family Leave (PFL), workers' compensation, or long-term disability. Employees can choose to supplement these wage replacement benefits with paid leave. Employees who receive State Disability (SDI) must participate in either the County's Integration or Buy Back program.

Use of State Disability Insurance (SDI)

Complete this section if the employee will receive SDI benefits. Pursuant to employee's MOU or County Policy, employees receiving SDI benefits are required to participate in either the County's Integration or Buy Back Program and integrate their sick leave accruals to supplement the difference between their SDI payments and their base monthly salary.

Use of LTD

Advise the employee if they may be or are not eligible for Long Term Disability (LTD).

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Continued Health Benefits

Employees are entitled to continued health benefits during FMLA/CFRA for a maximum of 12 weeks (refer to employee's MOU or County Policy as some employees have a Leave entitlement of up to 18 weeks for FMLA). Under California law, employees on Pregnancy Disability Leave (PDL) will be allowed to continue to participate in group health coverage for up to a maximum of 4 months of PDL (if such insurance was provided before the leave was taken) on the same terms and conditions as if the employee had continued to work. If an employee pays for any or all of their benefits, they must continue to do so while on FMLA/CFRA/PDL. The entitlements to County paid group health coverage during PDL and during FMLA/CFRA for baby bonding are two separate entitlements.

Provide the dates the continuation of benefits begins and ends, and the due date for payments. The grace period for health benefits payment is 30 days. If the employee does not have enough accruals to cover their premiums they must submit their premium payments to the benefit department directly if they wish to maintain coverage.

Return to Work

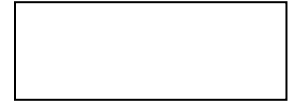
The department will require a **Certification of Health Care Provider for Employee Return to Work** of the employee's ability to return to work if the absence is for the employee's own serious health condition. This medical certification addresses the employee's ability to perform the essential functions of the employee's job. The department must provide the employee with a list of the essential functions of the employee's job, no later than with this designation notice. Attach the essential functions of the employee's job to the Designation Notice so the employee's health care provider can certify that the employee is able to perform the essential functions of his/ her job upon return to work.

Complete this section if you are requiring a release to return to work. Attach the essential functions of the employee's job if you want the health care provider to certify that the employee is able to perform the essential functions of his/her job upon return to work.

If the leave will run concurrently with Workers' Compensation (except for Labor Code 4850, fire & sheriff) coordinate with Risk Management in regards medical certifications and return to work dates. Workers' Compensation may run longer than the employees FMLA/CFRA entitlement, however, FMLA/CFRA will only be designated for 12 or 18 weeks.

Section IV - Additional Notes or Comments

Add any additional notes or comments that are necessary or relate to this case.



FMLA/CFRA/PDL Designation Notice

SECTION I - EMPLOYER

Date: _____

EE# _____

To: _____

From: _____

The County is responsible in all circumstances for designating leave as FMLA/CFRA qualifying and giving notice to the employee. Once an eligible employee communicates a need to take leave for an FMLA/CFRA qualifying reason, an employer may not delay designating such leave as FMLA/CFRA leave and neither the employee nor the County may decline FMLA/CFRA protection for that leave.

On _____ we received your most recent information to support your need for leave due to:

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly placed child.
- Your own serious health condition.
- The serious health condition of your spouse, child, parent, domestic partner, grandparent, grandchild, sibling, or parent-in-law.
- A qualifying exigency arising out of the fact that your spouse, child, parent, or domestic partner is on covered active duty or has been notified of an impending call or order to covered active duty with the Armed Forces.
- Serious injury or illness of a covered servicemember where you are the servicemember's spouse, child, parent or next of kin (Military Caregiver Leave).

We have reviewed information related to your need for leave under the FMLA/CFRA along with any supporting documentation provided and decided that your request is: (Select as appropriate)

Approved. All leave taken for this reason will be designated as (Go to Section III for more information):

- FMLA Only
- CFRA Only
- FMLA/CFRA leave with FMLA and CFRA running concurrently
- PDL Leave

Not Approved (Select as appropriate)

- The FMLA and/or CFRA doesn't apply to your leave request
- As of the date the leave is to start, you do not have any FMLA/CFRA leave available to use.
- Other: _____

Additional information is needed to determine if your leave request qualifies as FMLA/CFRA leave. (Go to Section II for the specific information needed. If you FMLA/CFRA leave request is approved and no additional information is needed go to Section III.)

SECTION II – ADDITIONAL INFORMATION NEEDED

We need additional information to determine whether your leave request qualifies under the FMLA. Once we obtain the additional information requested, we will inform you within 5 business days if your leave will or will not be designated as FMLA and/or CFRA leave and count towards the amount of FMLA and/or CFRA leave you have available. Failure to provide the additional information as requested may result in a denial of your FMLA/CFRA LEAVE request.

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Incomplete or Insufficient Certification

The certification you have provided is incomplete and/or insufficient to determine whether the FMLA and/or CFRA applies to your leave request. (Select as applicable)

- The certification provided is incomplete and we are unable to determine whether the FMLA and/or CFRA applies to your leave request. "Incomplete" means one or more of the applicable entries on the certification have not been complete.
- The certification provided is insufficient to determine whether the FMLA and/or CFRA applies to your leave request. "Insufficient" means the information provided is vague, unclear, ambiguous or non-responsive.

Specify the information needed to make the certification complete and/or sufficient:

You must provide the request 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.

Second and Third Opinions

- The County is exercising its right to have you obtain a second or third opinion medical certification at the County's expense, and will provide further details at a later time. *Note: the employee or the employee's family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issues.*

SECTION III- FMLA/CFRA LEAVE APPROVED

As explained in Section I, your FMLA/CFRA leave request is approved. All leave taken for this reason will be designated as FMLA and/or CFRA leave and will count against the amount of FMLA and/or CFRA leave you have available to use in the applicable 12-month period. The FMLA/CFRA requires that you notify us as soon as practicable if the dates of scheduled leave change, 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 the total amount of FMLA/CFRA leave you have available to use in the applicable 12-month period: *(Select as appropriate)*

Leave will be taken: Continuously Intermittently Both

- Provided that there is no deviation from your anticipated FMLA/CFRA leave schedule, the following number of weeks, days, or hours will be counted against your continuous leave entitlement: FMLA _____ CFRA _____
Your FMLA/CFRA leave period begins on: _____ and ends on: _____
- Because the leave you will need will be 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).
Your Intermittent Leave and/or appointments has been authorized for the following frequency/duration:
Start Date of Intermittent Leave: _____ End Date of Intermittent Leave: _____
Frequency: _____ times per _____ week(s) _____ month(s)
Duration: _____ hours or _____ day(s) per episode
Appointments: _____

- Your PDL is based on the certification provided by your physician. The leave may be modified as your changing medical condition dictates. Your anticipated scheduled time to be counted against your ___PDL only or ___PDL/FMLA leave entitlement and will begin on: _____ and end on: _____

Previous Leave Taken

According to our records (which may not reflect adjustments), you have previously utilized _____ hours of FMLA & _____ hours of CFRA during the current rolling 12-month period, and thus your estimated available balance is FMLA: _____ weeks _____ days _____ hours and CFRA: _____ weeks _____ days _____ hours.

Please be advised (check if applicable): Available FMLA balance in days

- Some or all of your FMLA/CFRA/PDL leave will not be paid. Any unpaid FMLA/CFRA leave taken will be designated as FMLA/CFRA leave and counted against the amount of FMLA/CFRA leave you have available to use in the applicable 12-month period. If applicable, any unpaid PDL time taken will be counted against your PDL entitlement.
- You have requested to use some or all of your available paid leave (e.g., sick, vacation, other) during your FMLA/CFRA/PDL leave. Any paid leave taken for this reason will count against your FMLA/CFRA leave entitlement to use in the applicable 12-month period and, if applicable, count against your PDL entitlement.

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- You are required to use some or all of your available paid leave (e.g., sick, vacation, other) during your FMLA/CFRA leave. Any paid leave taken for this reason will also be designated as FMLA/CFRA leave and counted against the amount of FMLA/CFRA leave you have available to use in the applicable 12-month period.
- You are required to use available sick leave accruals during your PDL leave. Any sick leave taken for this reason __ will __ will not count against your FMLA leave entitlement.
- Your FMLA and/or CFRA will run concurrently with your Workers' Compensation Designation. Leave approval and absences will be based on your Workers' Compensation Designation. Be advised your FMLA/CFRA entitlement of ____12 weeks ____18 weeks cannot be extended and may be exhausted before your Workers' Compensation Designation.
- Other: _____ (e.g., Short- or long-term disability, etc.) Any time take for this reason will also be designated as FMLA/CFRA leave you have available to use in the applicable 12-month period.

Use of State Disability Insurance (SDI)

- If you are eligible for state disability insurance (SDI) you are required to integrate your sick leave accruals to supplement the difference between your SDI payment and your base monthly salary. Integration of SDI/sick leave accruals may not exceed your base monthly salary.
- If you are eligible for state disability insurance (SDI) you are required to participate in the County's Buy Back Program. Your SDI benefits and sick leave pay will be coordinated so that your SDI/sick leave accruals may not exceed your normal rate of pay.

For further information on SDI, contact your Department's Personnel Representative or the HR Benefits Department.

Use of Long-Term Disability (LTD)

- You may be eligible for LTD. A 60-day waiting period would apply before benefits would be applied. Claims must be filed within 90 days of disability. Contact Benefits Department for more information.
- You are not eligible for LTD.

Continued Health Benefits

Under state and federal family and medical leave laws, you are eligible for continued health benefits during your FMLA/CFRA leave for a maximum of 12 weeks (under FMLA your benefits do / do not extend to 18 weeks). Under California law, employees on pregnancy disability leave will be allowed to participate in group health coverage for **up to** a maximum of 4 months of disability leave (if such health benefits were provided before the leave was taken) on the same terms as if you had continued to work.

Your continuation of health benefits will begin on _____ (date leave begins). If you currently contribute to the payment of benefits, you must continue to do so while on leave. Your payment is due on or before the 10th of each month either through payroll deduction or by paying the County directly. If your payment is more than 30 days late, your benefits will cease and you will receive COBRA information. Please send the payment to:

Benefits Accounting - EBSU
Contra Costa County
1025 Escobar Street, 2nd Floor
Martinez, CA 94553

Your medical benefit coverage will end on _____ (date leave ends). You may be eligible for continued COBRA coverage if your absence continues beyond the FMLA/CFRA/PDL covered period.

If your FMLA leave is to care for an ill or injured servicemember, health benefits will continue for a maximum of 26 weeks, after which time you will be eligible for COBRA.

If you opted out of health benefits or health benefits were terminated during your protected leave time, you must contact the Benefits Department within 30 days of your return to work date to be restored to your previous coverage. Time beyond protected leave time or notifying the Benefits Department outside of the 30 days will result in waiting for the next open enrollment period to be reinstated.

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Return to Work Requirements

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: _____ Phone: _____

You are required to return to work at the end of the approved FMLA/CFRA/PDL leave. If you have need for additional FMLA/ CFRA/PDL leave you should provide continued medical certification (not to exceed entitlements pursuant to Federal or State law or the employee’s MOU or County policy).

To be restored to work after taking FMLA/CFRA leave, you will be/ will not be required to provide a certification from our health care provider that you are able to resume work. This request for a return-to-work certification is only with regard to the particular serious health condition that caused your need for FMLA/CFRA leave. **If such certification is not timely received, your return to work may be delayed until the certification is provided.**

A list of the essential functions of your position is / is not attached. If attached, the return-to-work certification must address your ability to perform the essential job functions.

Section IV: Additional Notes or Comments

If you have any questions about FMLA/ CFRA/ PDL or other benefits, please contact:

Name: _____ Phone Number: _____

Employees should retain a copy of this disclosure in their records for three years.

Form adapted for California use form U.S. Department of Labor WH-382 June 2020 (OMB Control Number 1235-0003)