

USE OWN DEPARTMENT LETTERHEAD HERE

SAMPLE: SEND TO EMPLOYEE WHEN LEAVE IS APPROVED

DATE

Sent via Certified Mail and US Mail

NAME

ADDRESS

CITY, STATE ZIP

Re: Approved Leave Designation

Dear NAME,

The County has reviewed the Medical Certification Form or documentation you provided and has determined that your requested leave is a qualifying event. As such, your leave has been designated as follows:

- ☐ Family Medical Leave Act
- ☐ California Family Rights Act
- ☐ Pregnancy Disability Leave
- ☐ Other: _____

Your leave began on **<date>** and your expected return to work date is **<date>**. This leave is estimated to count as **<Number of days>** days of qualifying leave.

Please read the following important information regarding your rights and responsibilities.

Your benefits during leave:

It is important to clarify the status of your continuing health benefits while on leave. During the designated period of FMLA/CFRA, the County's contribution toward County-sponsored health, dental and vision care plans for insurance coverage will continue to be paid by the County. To the extent that you have paid leave balances available (sick leave, vacation leave, etc.), you must code not less than 20 hours per week of paid time. Such time coding must be consistent with County policy. Employees who have ***waived*** County-sponsored medical coverage or employees who have a cash-out in excess of the insurance contribution must code not less than 20 hours per week of paid time during the entire period of FMLA/CFRA (or any other approved leave) in order to continue receiving a cash-out.

Employees receiving SDI (State Disability Insurance) payments may coordinate SDI with County-paid time (leave accruals) while on FMLA/CFRA. Any questions regarding timecard coding should be directed to the Auditor's office.

You have the following responsibilities while on such leave:

- ☑ Contact the Auditor-Controller's Office at ext. 5040 to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA/CFRA and/or PDL leave, and recover these payments from you upon your return to work.
- ☑ Provided you meet the applicable requirements of the leave policy, you will be required to use your available paid leave balances to the extent that they exist at a minimum of 20 hours per week (or coordinating time if on SDI/PFL/TTD) during your absence. Beyond the 20 hour minimum, you may use up to your allocation in paid leave during your absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA/CFRA and/or PDL leave and counted against your protected leave entitlement. If you do not have paid leave balances, you will be allowed to take unpaid leave.
- ☑ Any Leave of Absence will result in less than normal retirement deposits being paid on your behalf. Consequently, you will gain less than full Retirement Service Credits during that time. You may make arrangements to receive full Retirement Service Credits by contacting the Pension Trust Office during or immediately upon your return from such leave. Pension Trust may require a copy of your leave form.
- ☑ While on leave you will be required to furnish us with periodic reports of your status and intent to return to work. You will be notified regarding the interval of periodic reports.
- ☑ If the circumstances of your leave change and you are able to return to work earlier than the date approved in this form, you will be required to notify us at least five workdays prior to the date you intend to report for work. An updated certification will be required.

You have the following rights while on such leave:

- You have a right under the FMLA and/or CFRA for up to 12 weeks of unpaid leave in a 12-month period measured on a rolling calendar.
- If your leave also qualifies as PDL leave, you have the right to take up to four months of PDL leave concurrently with FMLA. At the end of the PDL/FMLA leave *you will be required to provide a doctor's note releasing you from disability due to pregnancy* and your CFRA will begin at that time, which would be an additional 12 weeks.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness.
- Your health benefits will be maintained during any period of unpaid leave under the same conditions as if you continued to work while covered under FMLA/CFRA and/or PDL. After any protected leaves expire the County will determine what coverage will be paid for by the County.
- You will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/CFRA and/or PDL leave. (If your leave extends beyond the end of your FMLA/CFRA or PDL entitlement, you do not have return rights under FMLA/CFRA and/or PDL.)
- If you do not return to work following FMLA/CFRA or PDL leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition or disability which would entitle you to FMLA/CFRA or PDL leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA/CFRA and/or PDL leave.

IF INTERMITTENT: During this period, leave may be taken intermittently as indicated by your medical provider's certification. Because your leave is intermittent, it is not possible at this time to provide the amount of time that will count as FMLA/CFRA qualifying leave. You may request this information once every 30 days as leave is taken.

RETURNING TO WORK:

Prior to the expiration of your leave as indicated above, you will be required to present a medical release to full or restricted duty from your health care provider or you must provide documentation from your health care provider indicating the need for additional leave. Such documentation must be sufficient for the County to determine whether the additional leave requested is FMLA/CFRA qualifying. If your health care provider presents a release to duty, it must indicate that you may return without restrictions, or must indicate any restrictions that exist on your ability to perform the essential duties of your job. If your health care provider believes that restrictions exist, the County will provide a job description indicating the essential functions upon request. Alternatively, a listing of all job descriptions is on the County's website at: www.slocounty.ca.gov/hr

If you exhaust your FMLA/CFRA leave before you are medically able to return, you may request additional leave as an accommodation pursuant to the Americans with Disabilities Act (ADA) and Fair Employment and Housing Act (FEHA). The County may ask you to provide a Reasonable Accommodation Form for you and your physician to complete. Once this is returned the County may schedule an interactive meeting to determine if a leave of absence can be extended as a reasonable accommodation.

Should you have any questions concerning your leave request, please feel free to contact (Payroll Coordinator name) at ext. [redacted] during business hours.

Sincerely,

(Payroll Coordinator Name)

cc Human Resources