



City and County of San Francisco

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

FML 1
Eligibility,
Rights and
Responsibilities

In general, to be eligible for protections under FMLA/CFRA an employee must have worked for an employer for at least 12 months and meet the 1,250 hours of service requirement in the 12 months preceding the leave start date. Eligibility does not mean leave protections are approved. You may be asked to provide additional information before your leave is designated as protected under FMLA/CFRA. Even if you are not eligible for FMLA/CFRA protection, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take pregnancy disability leave under California’s Pregnancy Disability Leave Law for up to four (4) months depending on your periods of actual disability.

NOTICE OF ELIGIBILITY

Employee Name: _____ **DSW#:** _____ **Dept.:** _____

SICK LEAVE THREE CONSECUTIVE DAYS OR MORE

We have been notified that you have been on continuous approved sick leave for three (3) consecutive days or more and wish to inform you of your eligibility for, and rights under, the FMLA/CFRA. You may qualify for protected leave if you or a family member has a condition that causes incapacity for more than three consecutive days and requires ongoing medical treatment.

REQUEST FOR LEAVE

- New Request Request for Extension

On _____, you gave notice of your need for continuous/intermittent (circle one) leave for the period from _____ to _____ for:

- Your own serious health condition (up to 12 weeks within a 12-month period)
- Birth of a child or placement for adoption or foster care (up to 12 weeks within a 12-month period)
- Pregnancy-related disability (up to 12 weeks FMLA or 17-1/3 weeks PDL per pregnancy)
- Care for a family member’s serious health condition (state relationship _____) (up to 12 weeks within a 12-month period)
- A qualifying military exigency arising out of the fact that a family member is on covered active duty or called to covered active duty status with the Armed Forces (various periods up to 12 weeks within a 12-month period)
- Care for a family member/next of kin who is a covered servicemember with a serious injury or illness (FMLA ONLY – up to 26 weeks for one single 12-month period)

THIS NOTICE IS TO INFORM YOU THAT:

- You are eligible for FMLA protections for your leave.
- You are eligible for CFRA protections for your leave.
- You are **not** eligible for FMLA/CFRA protections for your leave, because:
 - You have not met the 12-month length of service requirement. As of the first date of your leave, you will have worked approximately ____ months toward this requirement.
 - You have not met the 1,250 hours of service 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 _____, or visit the Department of Human Resources website for information on Employee Leaves.

RESPONSIBILITIES

While you may be eligible for FMLA/CFRA or PDL protected leave, **ELIGIBILITY DOES NOT MEAN YOUR LEAVE IS DESIGNATED.** It is your responsibility to furnish all information required to determine whether your leave qualifies for protections under FMLA, CFRA or PDL. See reverse side of this form.

NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES

REQUIRED DOCUMENTS

To determine whether your absence qualifies for FMLA, CFRA or PDL protections, you must return one or more of the following to us by _____ (which is at least 15 calendar days from your receipt of this notice additional time may be allowed in some circumstances):

- Documentation verifying your child's birth, the placement of a child for adoption or foster care, or your assumption of care for that child.
- "Certification of Health Care Provider" (FML 2) of a **serious health condition for you or your qualifying family member OR** of a **disability due to pregnancy, childbirth, or a related medical condition.**
- "Certification of Serious Illness or Injury" (WH-385) of a **family member in the military (military caregiver).**
- "Certification" (WH-384) of a need for leave due to a **military exigency.**
- Sufficient documentation to establish the required relationship between you and your family member (a signed statement is sufficient, if no documents are available)
- Other information needed (such as proof of disability for adult dependents, military orders or proof of military service or deployment creating an exigent need for leave), specify:

If sufficient information is not provided in a timely manner, the designation of your leave as protected under FMLA/CFRA may be denied or delayed.

If additional leave is required, you may be requested to provide the City with a Certification of Health Care Provider (FML 2) form regarding your serious health condition or your family member's serious health condition on a reasonable basis.

USE OF ACCRUED LEAVE

You are required to use your available accrued sick leave, vacation, CTO, and floaters during your unpaid FMLA, CFRA or PDL absence. During this time, you may receive your salary and your leave will be considered protected FMLA, CFRA or PDL leave and counted against your entitlement. You may also elect to use your accrued leave during an unpaid FMLA, CFRA or PDL leave, or to supplement short-term disability payments, such as State Disability Insurance (SDI), Paid Family Leave (PFL), or Workers' Compensation benefits received during these protected leaves. Please tell your human resources contact if you wish to supplement disability payments with accrued leave.

Departmental HR Representative Name

Signature

Date

NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES

OVERVIEW

The Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) of 1993 require the City to provide, within a 12-month period, up to 12 weeks (480 hours for full-time employees) of unpaid, job-protected leave to eligible employees for certain family and medical reasons, as well as for military exigencies. You are eligible for these leaves if you have been employed with the City for at least 12 months and have worked at least 1,250 hours in the 12 months preceding your leave. Time served in other departments and at other City jobs counts toward the 12-month employment requirement. Hours taken as sick pay, vacation or other types of leave do not count; however, military service does count in calculating the 1,250 hours worked.

REASONS FOR TAKING LEAVE AND USE OF ACCRUED LEAVE¹

- To care for your child after birth and to care for that child
- For the placement of a child for adoption or foster care with you and to care for that child
- To care for your spouse, child, or parent for FMLA, or to care for a spouse, domestic partner, child of any age, parent, parent-in-law, grandchild, grandparent, or sibling² for CFRA, who has a serious health condition
- For your own serious health condition³
- To care for your qualifying family member who is in the military and who has a serious injury or illness related to military service (FMLA Only – 26 Weeks)
- To take leave due to a military exigency that arose because a family member is deployed or will be deployed

While on an FMLA/CFRA leave for your own serious health condition, City policy requires you to use accrued sick leave. After you exhaust accrued sick leave, City policy requires you to use accrued vacation (subject to MOU provisions), followed by floating holidays and compensatory time off. You are not required to use sick leave, or other accrued time, to supplement Workers' Compensation or disability benefits you receive while on an FMLA/CFRA leave, but you may elect to do so.

While on an FMLA/CFRA leave to care for a family member, for child bonding or for military-related events, you are not required to use accrued sick leave, but you may elect to do so. City policy does require you to use accrued vacation (subject to MOU provisions), followed by floating holidays and compensatory time off during the leave.

12 WEEKS OF LEAVE IN A “ROLLING” 12-MONTH PERIOD

If your leave qualifies for concurrent FMLA/CFRA protections, you have a right to up to 12 weeks of unpaid leave in a rolling 12-months period measured backward from the date of any FMLA/CFRA leave taken. Under the “rolling” 12-month period, each time an employee takes concurrent FMLA/CFRA leave, the remaining leave entitlement would be the balance of the 12 weeks that has not been used during the immediately preceding 12 months. For example, Employee A requests two weeks of FMLA/CFRA leave to begin on November 1st. The department looks back 12 months (from November 1st back to the previous November 2nd) and sees that Employee A had taken four weeks of FMLA/CFRA leave beginning January 1st, four weeks beginning March 1st, and three weeks beginning June 1st. Employee A has taken 11 weeks of FMLA/CFRA leave in the 12-month period, and thus only has one week of FMLA/CFRA-protected leave available. After Employee A takes the one week in November, she can next take FMLA/CFRA leave beginning January 1st as the days of her previous January leave “roll off” the leave year. Under some circumstances, your leave under the CFRA may not run concurrently with a protected leave under the FMLA. In such cases, you may be entitled to separate 12 week entitlements.

You also have the right under the FMLA to up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. The single 12-month period for leave to care for a covered servicemember (both current servicemembers and veterans) with a serious injury or illness begins on the first day you take leave for this reason and ends 12 months later, regardless of the rolling 12-month period established for other types of FMLA leave.

ADVANCE NOTICE AND MEDICAL CERTIFICATION

The City is entitled to advance notice for your leave when practical. Your FMLA/CFRA leave protections may be delayed or denied if advance notification and medical certification is not provided.

- You ordinarily must provide 30 days advance notice when the leave is foreseeable
- You must provide notice as soon as practicable if leave is unforeseeable, or if the leave is foreseeable less than 30 days in advance
- The City requires medical certification to support a request for leave because of a serious health condition, and may require second or third opinions for your own serious health condition (at the City's expense) and will require a valid medical release to return to work

¹ Information on California's Pregnancy Disability Leave is provided on page 4 of this form.

² CFRA covers registered domestic partners, children over age 18, grandchildren, grandparents and siblings; however, the FMLA excludes these relationships.

³ The City will count a Workers' Compensation leave towards your FMLA/CFRA entitlement if you suffer an on-the-job injury or illness that qualifies as a serious health condition.

NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES

JOB BENEFITS AND PROTECTION

- The City will maintain your health benefits under your group health plan for the duration of your FMLA, CFRA or PDL leave as if you had continued working. However, you are responsible for paying your share of premium costs to Health Services System (“HSS”), if any, during any period of unpaid leave.
- **Contact HSS at (415) 554-1750 (Option #5) to make arrangements to pay your share of premium payments to maintain your health benefits while on unpaid leave.**
- If health insurance payments are not made timely, your group health insurance may be cancelled, provided the City notifies you in writing at least 15 days before the date that your health coverage will lapse. At the City’s option, the City may pay your share of the premiums during FMLA, CFRA or PDL leave, and recover these payments from you upon your return to work.
- If you do not return to work following FMLA/CFRA leave for a reason other than: (1) the continuation, recurrence or onset of a serious health condition that would entitle you to FMLA/CFRA leave; (2) the continuation, recurrence or onset of a covered servicemember’s serious injury or illness that would entitle you to FMLA leave; or (3) other circumstances beyond your control, you may be required to reimburse the City for its share of health insurance premiums paid on your behalf during your FMLA/CFRA leave.
- Upon return from FMLA/CFRA 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.
- The taking of FMLA/CFRA leave cannot result in the loss of any employment benefit that accrued prior to the start of your leave.

UNLAWFUL ACTS BY EMPLOYERS

The FMLA/CFRA make it unlawful for the City to:

- Interfere with, restrain or deny the exercise of any right provided under the FMLA/CFRA.
- Discharge, discriminate or retaliate against you for taking protected leave, or for opposing any practice made unlawful by FMLA/CFRA, or for involvement in any proceeding under or relating to the FMLA/CFRA.

ENFORCEMENT

- The U.S. Department of Labor is authorized to investigate and resolve complaints of FMLA violations
- The California Department of Fair Employment and Housing is authorized to investigate and resolve complaints of CFRA and PDL violations
- An eligible employee may bring a civil action against an employer for FMLA/CFRA violations.

The FMLA/CFRA does not affect any federal or state law prohibiting discrimination or supersede any state or local law, or collective bargaining agreement that provides greater family or medical leave rights.

“NOTICE B” FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) AND PREGNANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement — for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position — at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days’ advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact your department's Human Resources representative.

FOR ADDITIONAL INFORMATION CONTACT YOUR DEPARTMENTAL HUMAN RESOURCES OFFICE.