

**FAMILY AND MEDICAL LEAVE ACT (FMLA)
AND CALIFORNIA FAMILY RIGHTS ACT (CFRA)**

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 circumstance, whether your leave will be designated FMLA/CFRA leave and count toward your FMLA/CFRA leave entitlement.

Employee Last Name	Employee First Name	Employee Middle Name	Date
Division/Unit		Daytime Telephone Number	

1. We have received your request for leave beginning on _____ through _____ for:

- The placement of a child for adoption or foster care.
- The birth of a child and/or to care for such child.
- Your pregnancy-related disability.
(includes severe morning sickness, prenatal care, and childbirth-related disability)
- Your own serious health condition.
- The care of one of the following due to his or her own serious health condition:
 - child/child of domestic partner parent
 - spouse domestic partner
- Assisting one of the following who is deployed by the military to a foreign country:
 - child parent
 - spouse
- The care of one of the following who is a covered service member of the United State Armed Forces who has a serious injury or illness incurred in the line of duty while on active duty, or is a veteran of the Armed Forces including the National Guard and Reserves at anytime within 5 years preceding treatment for a serious injury or illness.
 - child parent
 - spouse next of kin

2. This notice is to inform you that you are eligible for:

FMLA CFRA
See Part B for Rights and Responsibilities

3. This notice is to inform you that because of one of the following you are NOT eligible for:

FMLA CFRA
(Only one of the following reasons 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 towards this requirement.
- You have not met the FMLA/CFRA's 1,250 hours worked requirement.

Employee Last Name	Employee First Name	Employee Middle Name	Date
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Part B. Rights and Responsibilities for Taking FMLA/CFRA Leave

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

1. You must provide the information indicated below:
- Sufficient certification to support your request for leave. A 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, or declaration of domestic partnership).

2. Additional information is needed:
- Yes No

FMLA/CFRA Leave

1. You have a right to take up to 12 weeks of leave in a 12-month period. A 12-month period will be based on a calendar year (January 1 - December 31).
2. 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.
3. Your health benefits will be maintained during any period of FMLA/CFRA unpaid leave under the same conditions as if you continued to work.
4. 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 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.)
5. 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 State for the cost of health insurance premiums paid on your behalf during your leave.
6. You have the option to use your sick, vacation, and/or other leave balances, provided you meet any applicable requirements of the Memorandum of Understanding and department leave policies. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA/CFRA leave.

For conditions applicable to sick/vacation/other leave usage, please refer to the Memorandum of Understanding and department policies.

Privacy Notice

This notice is provided pursuant to the Information Practices Act of 1977.

The California Department of Human Resources (CalHR), Personnel Management Division is requesting the information specified on this form.

The information collected will be used for purposes of determining your eligibility for FMLA/CFRA benefits.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, there may be a delay in processing your request.

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy on CalHR's website (calhr.ca.gov).

Access to Your Information

Information provided on this form will be maintained by the CalHR Personnel Management Division pursuant to State Administrative Manual retention requirements. Individuals have the right of access to copies of this form on request. Send requests to:

Personnel Management Division
Department of Human Resources
1515 S Street, Suite 500N
Sacramento, CA 95811