



## DESIGNATION NOTICE FAMILY AND MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
[Employee's Name and Title]

FROM: \_\_\_\_\_  
[Department Manager]

We have reviewed your request for leave under the Family and Medical Leave Act ("FMLA") and/or the California Family Rights Act ("CFRA") and any supporting documentation you have provided. In your request, you asked for FMLA and/or CFRA leave 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.
- Because you are needed to care for your  spouse,  registered domestic partner,  child,  parent due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your  spouse,  son or daughter,  parent is on active duty or called to active duty as a member of either the regular or reserve component of the Armed Forces during deployment to a foreign country (FMLA Leave Only).
- Because you are the  spouse,  son or daughter,  parent,  next of kin of a covered service member with a serious injury or illness (FMLA Leave Only).

Based on that information and the other information you provided, we have made the following determination(s):

- Your FMLA and/or CFRA leave request is approved. All leave taken for the specified reason will be designated as  FMLA leave and/or  CFRA leave (Check one or both as applicable).** Should you fail to return to work at the end of your FMLA and/or CFRA leave, or fail to provide continued certification of your need for additional leave, we cannot guarantee reinstatement to your prior position, or that any job will be available for you upon your return to work.

If you require intermittent leave or leave on a reduced work schedule, we will provide you with the leave your or your family member's health care provider indicates is necessary to the extent required by law. However, if your need for such leave is foreseeable based on planned medical treatment, we reserve the right to reassign you to a position with equivalent pay and benefits

during your leave if another position is better suited to your new temporary schedule. We will notify you if a temporary reassignment will be made. You will be required to follow your department's regular call-in procedures to report any absence related to any required intermittent leave.

The FMLA and/or CFRA require that you notify us as soon as practicable if the dates of your scheduled leave change or 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 your FMLA and/or CFRA leave entitlement:

You currently have \_\_\_\_\_ hours of FMLA and/or \_\_\_\_\_ hours of CFRA leave available.

Your leave will begin on \_\_\_\_\_ and end on \_\_\_\_\_

Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your  FMLA and/or  CFRA (check one or both as applicable) leave entitlement: \_\_\_\_\_

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 and/or 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).

**Please be advised:**

If you have requested to use paid leave during your FMLA and/or CFRA leave, any paid leave taken for this reason will count against your FMLA and/or CFRA leave entitlement.

You will be required to use your available paid sick leave (if leave is for your own serious health condition), vacation, and other leave balances during your FMLA and/or CFRA absence. In addition, you have the option, but are not required, to use paid family sick leave where the leave is to care for your spouse, registered domestic partner, child or parent due to his/her serious health condition or to care for an injured or ill service member as stated above. This means that you will receive your paid leave and the leave will also be considered protected FMLA and/or CFRA leave and counted against your FMLA and/or CFRA leave entitlement. However, you will not be required to use leave balances if you are receiving wage replacement benefits like state disability insurance (SDI), paid family leave insurance (PFL), or workers' compensation benefits. You may choose to coordinate these benefits with your leave balances. **Notify Payroll and your department immediately if you receive any wage replacement benefits and state whether or not you wish to coordinate your leave balances with these benefits.** Wage replacement benefits you receive in combination with any leave balances you coordinate with these benefits may not exceed your regular weekly wages.

Information about state disability insurance ("SDI") and paid family leave ("PFL") benefits are enclosed with this letter. It is your responsibility to apply for such benefits through the local Employment Development Department if you so choose.

If you are taking leave due to your own serious health condition and it is not intermittent or reduced schedule leave, you will be required to present a Fitness-for-Duty Certification to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position is attached. The Fitness-for-Duty Certification must address your ability to perform these functions.

(Check if Applicable) If you are taking intermittent or reduced schedule leave due to your own serious health condition, you will be required to provide a Fitness-For-Duty Certification for such absences up to once every 30 days because it has been determined that reasonable safety concerns exist regarding your ability to perform your duties based on the serious health condition for which you are taking such leave. "Reasonable safety concerns" means a reasonable belief of significant risk of harm to you or to others, taking into consideration the nature and severity of the potential harm and the likelihood that potential harm will occur. Under this provision, for each subsequent instance of intermittent or reduced schedule leave, you will be required to submit a Fitness-for-Duty Certification unless one has already been submitted within the past 30 days. A list of the essential functions of your position is attached. The Fitness-For-Duty Certification must address your ability to perform these functions.

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**Additional information is needed to determine if your FMLA and/or CFRA leave request can be approved (check if applicable):**

The certification you have provided is not (complete/sufficient) to determine whether the FMLA and/or CFRA apply to your leave request. You must provide the following information by \_\_\_\_\_ (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 delayed, denied, or not designated as FMLA and/or CFRA leave:

We are exercising our right to have you obtain a second or third opinion health care provider certification at our expense. We will provide further details at a later time.

Your FMLA leave request is denied.  
Reason denied: \_\_\_\_\_

Your CFRA leave request is denied.  
Reason denied: \_\_\_\_\_

The FMLA does not apply to your leave request.

The CFRA does not apply to your leave request.

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All additional information requested in this form should be directed to:

\_\_\_\_\_  
[Department Contact]

Any questions about FMLA and/or CFRA leave should be directed to County Personnel.

Attachments:

Essential Functions of Position

Information about State Disability Insurance and Paid Family Leave Benefits