



**NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES FAMILY AND
MEDICAL LEAVE ACT AND/OR CALIFORNIA FAMILY RIGHTS ACT**

DATE: _____

TO: _____
[Employee's Name and Title]

FROM: _____
[Department Manager]

Part A - Notice of Eligibility

We received information that you need leave beginning on _____ for:

- 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 status as a member of 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).

This is to inform you that:

- You are eligible for Family and Medical Leave ("FMLA"). (See **Part B** below for Rights and Responsibilities).
- You are eligible for California Family Rights Act ("CFRA") leave. (See **Part B** below for Rights and Responsibilities).
- You are not eligible for FMLA leave and/or CFRA leave because (only one reason need be checked although you may not be eligible for other reasons):
- You have not met the 12-month length of service requirement under the FMLA and/or CFRA. As of the first date of requested leave, you will have worked approximately _____ months towards this requirement.

- You have not met the 1,250-hours worked requirement under the FMLA and/or CFRA.
- You do not work and/or report to a work site with 50 or more employees within a 75 mile radius.
- You have exhausted your FMLA and/or CFRA leave entitlement in the applicable 12-month period.

If you have any questions, refer to the FMLA/CFRA policies in the Personnel Rules or contact Shasta County Personnel.

Part B – Rights and Responsibilities

As explained in **Part A**, you meet the eligibility requirements for taking FMLA and/or CFRA leave and have FMLA and/or CFRA leave available to you in the applicable 12-month period.

However, in order for us to determine whether your absence qualifies as FMLA and/or CFRA leave, you must return the following information to us. You will have at least 15 calendar days from receipt of this notice in which to provide the information; additional time may be required in some circumstances). If sufficient information is not provided in a timely manner, your leave may be delayed, denied, or not designated as FMLA and/or CFRA leave.

If the leave is for your own serious health condition, to care for a family member, a military qualifying exigency, or to care for a servicemember, you must provide sufficient certification to support your request for FMLA and/or CFRA leave. A certification form that sets forth the information necessary to support your request is enclosed.

(Check if Applicable) Sufficient documentation to establish the required relationship between you and your family member.

(Check if Applicable) Other information needed:

If your leave qualifies as FMLA and/or CFRA leave, you will have the following responsibilities while on leave:

Contact Payroll 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 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 the FMLA and/or CFRA leave, and recover these payments from you upon your return to work.

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 servicemember 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. 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, but your leave will still be considered protected FMLA and/or CFRA leave. 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.

(Check if Applicable) While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work every _____ (Indicate interval of periodic reports, as appropriate for the particular leave situation).

You will be required to follow your department's regular call-in procedures to report any absences related to any required intermittent leave or leave on a reduced work schedule.

If the circumstances of your leave change and you are able to return to work earlier than the date you have stated, you will be required to notify us at least two (2) workdays prior to the date you intend to report for work.

If your leave qualifies as FMLA and/or CFRA leave, you will have the following rights while on FMLA and/or CFRA leave:

- You have a right under the FMLA and/or CFRA for up to 12 weeks of unpaid leave in a 12-month period calculated as the calendar year (January - December).
- 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 servicemember with a serious injury or illness. This single 12-month period is measured forward from the first day of leave.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- 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 and/or CFRA leave. (If your leave extends beyond the end of your FMLA and/or CFRA entitlement, you do not have return rights under FMLA and/or CFRA.)
- If you do not return to work following FMLA and/or CFRA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA and/or CFRA leave; (2) the continuation, recurrence, or onset of a covered servicemember'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 and/or CFRA leave.

If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA and/or CFRA leave, you have the right to have your sick leave, vacation, and/or other leave balances run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of County policies relating to such leaves. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA and/or CFRA leave.

For a copy of conditions applicable to sick/vacation/other leave, please refer to the County Personnel Rules and, if you are a member of a bargaining unit, the memorandum of understanding with your bargaining unit. These are available at the County's website (co.shasta.ca.us).

Once we obtain the information from you as specified above, we will inform you within five (5) business days whether your leave will be designated as FMLA and/or CFRA leave and count towards your annual FMLA and/or CFRA leave entitlement.

If you have any questions, please contact Shasta County Personnel Office at 225-5515.

Attachments:

Notice to Employees of Rights & Responsibilities Under FMLA

Notice to Employees of Rights & Responsibilities under CFRA and/or Pregnancy Disability Leave Law

Certification Form (If Eligible for FMLA and/or CFRA Leave)