



FMLA/CFRA/PDL Designation Notice
STATE AND FEDERAL FAMILY AND MEDICAL LEAVE ACT

To: _____
(Employee)

From: Office of Human Resources
(Employer Representative)

Date: _____

California Health Sciences University (CHSU) has reviewed your request for leave under state and federal medical leave laws (FMLA/CFRA/PDL) and all employee-provided supporting documentation. Based on the most recent information received on _____, it has been decided:

Part A: LEAVE APPROVAL – all leave taken for this reason will be designated as:

- FMLA only leave
- CFRA only leave
- FMLA/CFRA leave running concurrently
- FMLA/PDL leave running concurrently

Leave Duration

The FMLA and CFRA requires 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 leave entitlement.

- Provided that there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: _____
- Because your leave is currently unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA/CFRA entitlement at this time.

Previous Leave Taken

You previously used _____ hours/days/weeks of family and medical leave/pregnancy disability leave during the current 12-month period; therefore, the total remaining family and medical leave available to you is _____ hours/days/weeks.

Return to Work Date

According to the information received, we expect you to return to work on _____. If you are unable to return to work at that time OR plan to return sooner than planned, you must promptly contact the leave administrator at (559) 325-3600.

You are required to return to work at the end of the approved FMLA/CFRA leave. If you have need for additional FMLA/CFRA leave (not to exceed 12 weeks, or 26 weeks for military servicemember FMLA leave, or 17.33 weeks for pregnancy disability leave), you will be required to provide continued medical



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certification.

If you are absent because of your own illness or injury, you must provide CHSU with a medical release to return to work or certification from your doctor of continued disability on or before _____ (after original certification expires). You will be required to present this release to return to work certificate to be restored to employment. If the release is not timely received, your return to work may be delayed until the release is provided.

- A list of the essential functions of your position is attached. If attached, the release to return to work certification must address your ability to perform these essential functions.

Use of Paid Leave

- You may elect to use available and eligible company-provided paid leave during your medical leave of absence, which will run concurrently with FMLA/CFRA/PDL.
- You have been provided information on short-term disability and/or paid family leave wage replacement benefits administered through EDD, for which you may be eligible.

Please contact the Office of Human Resources to coordinate paid leave that is available for use, including paid vacation and paid sick leave.

Continued Health Benefits

Under state and federal family and medical leave, you are eligible for continued health benefits during your FMLA/CFRA leave for a maximum of 12 weeks, or 26 weeks if leave is to care for an ill or injured service member, or 17.33 weeks for pregnancy disability leave. Under California Law, employees on pregnancy disability leave will be allowed to continue to participate in group health coverage for up to a maximum of four months (17.33 weeks) of pregnancy disability leave (if such insurance was provided before the leave was taken) on the same terms as if you had continued to work.

The University provides flexible employee premium payments options for you to choose from.

Part B: LEAVE CONDITIONALLY GRANTED - Additional Information Needed:

- The certification you provided is not complete and sufficient to determine whether FMLA/CFRA/PDL applies to your leave request. You must provide the following information no later than _____ unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. Information needed from you to determine FMLA/CFRA eligibility, includes:



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- The University is exercising its right to have you obtain a second or third opinion medical certification at its expense, and the University will provide further details at a later time.

Part C: LEAVE DENIAL – Your FMLA, PDL and/or CFRA leave is being denied due to:

- Your requested leave does not qualify under state or federal medical leave laws.
- Complete and sufficient certification was not provided.
- You have exhausted your leave entitlement under state/federal medical leave laws in the applicable 12-month period.

For additional information regarding your rights and responsibilities, please refer to CHSU’s family and medical leave of absence and pregnancy disability leave policies, employment poster, FMLA brochure, and CFRA brochure. You may also contact the medical leave administrator with questions:

Katrina Featherstone
Human Resources Manager
120 N. Clovis Avenue
Clovis, CA 93612
559-325-3600 ext. 145
kfeatherstone@chsu.org

Employee Acknowledgement of Receipt: _____

Date: _____