

Parental Leave (Childrearing) (FY Faculty)



Comprehensive leave guidance to help you along the way

Parental Leaves (Childrearing)

This parental leaves packet applies ONLY to academic faculty in the following Fiscal Year (FY)/Non-Health Sciences Compensation Plan (Non-HCOMP) titles (50% or less FTE):

Assistant/Associate/Full Professor (Ladder)

Title codes: 001310, 001210, 001110

ASST PROF-FY

ASSOC PROF-FY

PROF-FY

Assistant/Associate/Full Professor In Residence

Title codes: 003271, 003261, 003251

ASST PROF IN RES-FY

ASSOC PROF IN RES-FY

PROF IN RES-FY

Assistant/Associate/Full Professor of Clinical X

Title Codes: 001452, 001451, 001450

ASST PROF OF CLIN-FY

ASSOC PROF OF CLIN-FY

PROF OF CLIN-FY

Instructor/Assistant/Associate/Full Health Sciences Clinical Professor

Title Codes: 002070, 002050, 002030, 002010

HS CLIN INSTR-FY (SON only)

HS ASST CLIN PROF-FY

HS ASSOC CLIN PROF-FY

HS CLIN PROF-FY

Assistant/Associate/Full Adjunct Professor

Title Codes: 003279, 003269, 003259

ASST ADJ PROF-FY

ASSOC ADJ PROF-FY

ADJ PROF-FY

Note: These are the primary fiscal year (FY) UC Davis Schools of Health title/title codes used for our Non-HCOMP titles. If your title code is not listed and you would like to confirm eligibility under this leaves packet, please reach out to your department analyst.

*If you are not a member of the Health Sciences Compensation Plan as defined in [APM 670](#), appointed in a corresponding title/title code, please return to our website to choose the appropriate packet for your title/title code. If you are unsure of your title, click here:

[Where to find your title in UC Path](#)

PLEASE READ

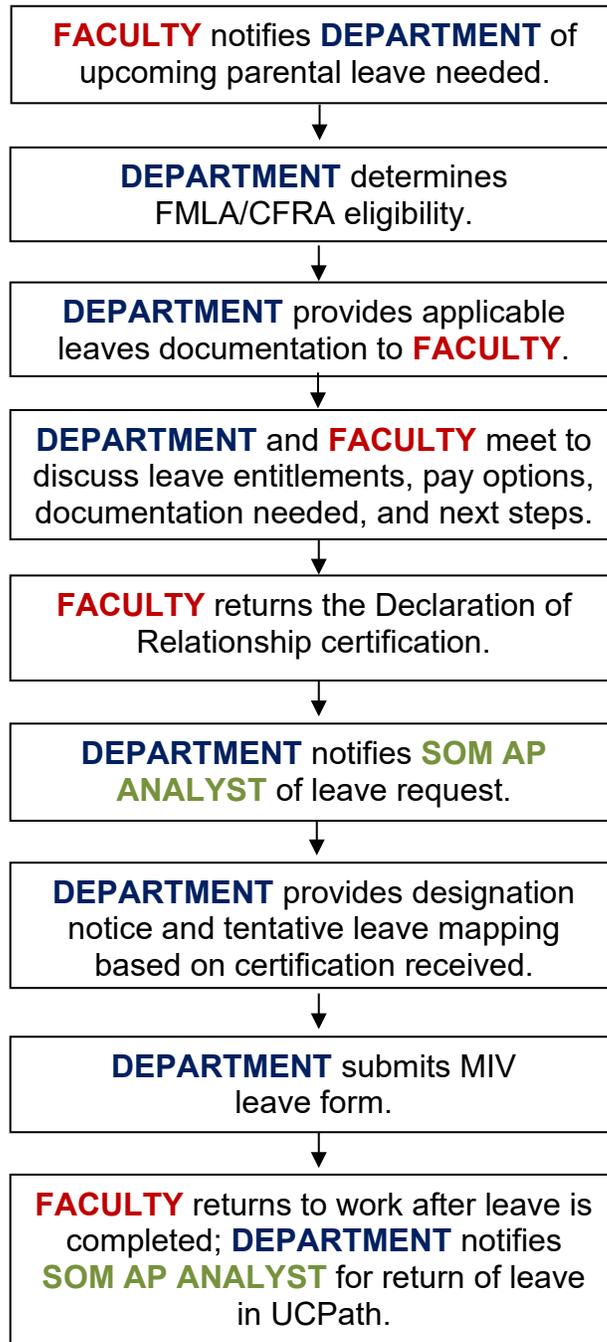
FAMILY AND MEDICAL LEAVE (FML) IS JOB PROTECTION, NOT PAY.

This packet describes both your leave entitlements and income replacement options. It is important to understand these are not the same. Leave entitlements describe the types of “protected” leave to which you are entitled under University policy (incorporating federal and state laws, including FMLA, CRFA, etc.). “Protected” leaves are time you can be away from work (unpaid) and for which the University is not permitted to respond with an adverse employment action (e.g., discipline, termination, etc.). Income replacement describes the policies and procedures under University policy whereby you can continue to receive income notwithstanding that you are not working (i.e., on leave).

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Parental Leave (Childrearing) Leave Process



Leave Entitlements: Parental Leave (Childrearing)

The following leave entitlement information applies to eligible parental leaves in academic FY faculty titles. Compensation for this leave is discussed on the following page, Pay Options: Parental Leaves (Childrearing).

Childrearing leave is the time a UC Davis academic faculty member, who is a non-birth parent, is on leave to bond with or care for any child(ren) who becomes a member of their family through birth, surrogacy birth, adoption, or foster care placement.

Family and Medical Leave (FML) is a job and benefit-protected leave provided under any of the following statutes:

- **Family and Medical Leave Act (FMLA, Federal entitlement)** – provides eligible employees with up to twelve (12) workweeks of unpaid, job-protected leave per calendar year.

Eligibility - at least 12 months of cumulative University service and 1,250 hours worked in the 12 months immediately preceding the commencement of the leave. Hours worked include overtime but not holiday, vacation, sick leave, or other paid leaves.

Please note: most FY faculty titles at 50% or less FTE tend not to meet the hours worked requirement for FMLA/CFRA, which makes them ineligible for this entitlement. This information is included in the packet for the rare occasions when part-time faculty meet both requirements.

- **California Family Rights Act (CFRA, State entitlement)** – provides eligible employees with up to twelve (12) workweeks of unpaid, job-protected leave per calendar.

If used, CFRA must be taken within 12 months of the child's birth, surrogacy birth, adoption, or foster care placement. It need not be a continuous leave, but should be taken in at least two (2) week increments. On two occasions, you may take leave in smaller increments of time.

Eligibility - at least 12 months of cumulative University service and 1,250 hours worked in the 12 months immediately preceding the commencement of the leave. Hours worked include overtime but not holiday, vacation, sick leave, or other paid leaves.

Please note: most FY faculty titles at 50% or less FTE tend not to meet the hours worked requirement for FMLA/CFRA, which makes them ineligible for this entitlement. This information is included in the packet for the rare occasions when part-time faculty meet both requirements.

Additional information:

FMLA/CFRA protected leaves entitle eligible employees of covered employers to take unpaid, job-protected leave with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

UC Davis administers FMLA/CFRA on a calendar year basis.

- A “rolling 12-month period” will be used to calculate hours worked in determining if an employee is eligible for an FMLA/CFRA leave.
- FMLA/CFRA eligibility is re-calculated at the start of every calendar year, which includes FMLA/CFRA leaves in process.
- Any FMLA/CFRA leave used in the calendar year will decrease your total FMLA/CFRA allotment for that calendar year.
- If an employee takes less than the full amount of leave allowed, they do not need to re-qualify (regarding the number of hours worked) to take additional leave for the original reason within the 12-month period. If the additional leave is for a different reason than the original leave, the employee must re-qualify.

Employees not currently eligible for FMLA/CFRA leave entitlements may work with their respective departments to determine if a personal leave is possible for bonding time with their new child. Note: personal leaves are not protected under FMLA or CFRA.

Leave Laws

The following is a guide regarding federal and California state disability leave laws as they relate to parental leave. Please be advised you must confer with your Academic Personnel (AP) department analyst regarding your eligibility for protected leave under the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA).

Type of Leave	Duration	Benefit	Eligibility Requirements and Use
Family and Medical Leave Act (FMLA)	Up to 12-weeks per calendar year	<ul style="list-style-type: none"> • Job protected leave • Eligible for benefit continuation of employer contribution for medical/dental/vision 	<p>Eligibility requirements:</p> <ol style="list-style-type: none"> 1. 12 mos. cumulative UC service 2. 1250 actual hours worked in the prior 12 mos. <p>Runs concurrently with CFRA</p>
California Family Rights Act (CFRA)	Up to 12-weeks per birth, surrogacy birth, adoption, or foster care placement	<ul style="list-style-type: none"> • Job protected leave • Eligible for benefit continuation of employer contribution for medical/dental/vision 	<p>Eligibility requirements:</p> <ol style="list-style-type: none"> 1. 12 mos. cumulative UC service 2. 1250 actual hours worked in the prior 12 mos. <p>Runs concurrently with FMLA</p> <p>If you were eligible for FMLA at the time of your leave, you will be eligible for 12 weeks of protected leave to bond with the child. Leave must occur within 1-year of the child's birth, surrogacy birth, adoption, or foster care placement.</p>

While FMLA and CFRA are unpaid leave entitlements, faculty members may have several options to receive compensation while on leave. The following pay option information applies to Fiscal Year (FY) faculty parental leaves.

Natural Birth, Surrogacy Birth, Adoption or Foster Care Placement – Pay Benefits:

- **Pay for Family Care and Bonding (PFCB)** – provides income replacement of 100% of eligible earnings for up to eight workweeks per calendar year to bond with a new child.

The PFCB option provides pay calculated at one hundred percent (100%) of an appointee's eligible earnings.

If a faculty elects to use PFCB for a particular qualifying family and medical leave block leave rather than using paid leave accruals, other available pay options or taking the leave without pay, the faculty must continue to use PFCB until they either exhaust their full eight (8) workweeks of PFCB for the calendar year or that qualifying family and medical leave block leave ends. If their leave ends before they have used the full eight (8) workweeks of PFCB for the calendar year, the remainder is available to use during a qualifying family and medical leave block leave later in the calendar year.

Eligibility - the faculty member must **first** be eligible and approved for Family Medical Leave under FMLA and/or CFRA. This pay option also requires that leave be taken in block increments of one workweek or more.

Other Pay Option Benefits:

- **Vacation Leave Pay** – Faculty may use accrued vacation for full pay to cover any combination of parental leave not covered by the PFCB pay benefit.
- **Sick Leave Pay** – Faculty do not accrue sick leave and are unable to use previously accrued sick leave (from a former position) for leaves. *As of January 1, 2025, academic faculty will have paid sick leave available to them. This leave packet will be updated in the new year with more information.
- [UC's Adoption Assistance Plan](#) – administered by WEX Health, provides financial support by reimbursing you for up to \$5,000 of eligible expenses per adoption.

Additional Information:

If a faculty member has used all applicable pay options and still has protected leave entitlements available, they may choose to continue their leave without pay.

The following forms and documentation apply to parental leaves for academic faculty titles.

- [Notice of Eligibility and Rights and Obligations Form \(DEPARTMENT\)](#)

When an employee first requests a leave for a reason that may qualify for FMLA/CFRA leave, or the department receives information of a possible qualifying event, the employer must notify the employee whether they are eligible for FMLA/CFRA leave. If the employee is eligible, the employer must notify the employee in writing about employee rights and responsibilities under FML.

The Notice of Eligibility and Rights and Obligations Form should be provided to the employee **within five (5) days** of the department learning of a possible qualifying event or receipt of the leave request from the employee.

- [Declaration of Relationship Form \(FACULTY\)](#)

Certification to support the employee's request for parental leave due to the birth, surrogacy birth, adoption, or foster care placement of a child. Providing this completed form is required to obtain the benefit of FMLA/CFRA protections for the leave.

The Declaration of Relationship Form should be provided to the employer **within fifteen (15) days** of receipt of the Notice of Eligibility and Rights and Obligations Form.

- [Designation Notice Form \(DEPARTMENT\)](#)

Once the employer has enough information to know whether a leave request qualifies as FMLA/CFRA leave, the employer must notify the employee in writing whether the employee's time off from work will be designated FMLA/CFRA leave, and the amount of time that will count against the employee's entitlements.

The Designation Notice Form should be provided to the employee **within five (5) days** of the employer receiving sufficient information regarding the qualification of leave.

- [Parental Leaves Map \(DEPARTMENT\)](#)

A leave mapping offers the employer and employee a full-picture glance of leave entitlements, pay options, and anticipated length of leave. If applicable, it is recommended that a final leave map be provided to the employee if the leave period changes from the initial estimate.

- [Family and Medical Leave Benefits Fact Sheet](#)

This University of California fact sheet offers general guidance on how Family and Medical Leave works, eligibility requirements, how to arrange for a leave, what happens to your benefits during a leave and how to make the transition back to work.

MEDICAL, DENTAL, AND VISION BENEFITS

If you are on UC pay status, all UC-sponsored benefits continue.

If you are off UC pay status and on one of these types of approved leaves, UC contributions for your medical, dental and vision will continue: Family and Medical (FMLA and/or California Family Rights Act (CFRA) leaves. However, you will be responsible to pay your contribution for your medical benefits. Please see [UC's Leave Without Pay Fact Sheet](#) for more information.

The [UC Davis Quick Guide to UC Benefits Continuation While on Leave Fact Sheet](#) is another resource for departments and faculty. It shares information on what to expect while on leave and who to contact for benefit-related questions.

CONTACT INFORMATION

UC Davis Health Benefits: benefits@ucdavis.edu (UC Davis Health or Campus)

UC Davis Health Disability Management Services (DMS): dmshelp@ucdavis.edu

Resources

[Adoption Assistance Benefit](#)

[Academic Personnel Manual Leave Policies](#)

[School of Medicine Academic Leaves Page](#)

[Academic Affairs Leave Page](#)

[University of California, Guide to UC Disability Benefits](#)

[MIV Leave Form Entry Job Aid](#)

Tools

[FMLA/CFRA Eligibility Spreadsheet](#)

[Leaves Calculator](#)

This checklist should help you stay organized and ensure that you're taking the necessary steps for your leave of absence.

THREE MONTHS PRIOR TO LEAVE:

- Have you notified your department of an upcoming parental leave needed?**

- Has the department provided you with the following documents within five days of receiving notice of your leave?**
 - Notice of Eligibility and Rights and Obligations Form
 - Declaration of Relationship Form
 - University of California Family and Medical Leave Fact Sheet

- Have you met with your department AP analyst to discuss leave entitlements and pay options?**
 - Leave entitlements – [FMLA](#) / [CFRA](#) (it is recommended to familiarize yourself with these federal and state entitlements prior to meeting)
 - Pay options –PFCB, Vacation, Leave Without Pay
 - Department will also provide initial leave mapping based on leaves dates discussed.

TWO MONTHS PRIOR TO LEAVE:

- Have you provided your department with a completed Declaration of Relationship Form?**

- Has the department provided you with the following documents within five days of receiving sufficient information regarding qualification for leave?**
 - Provides Designation Notice
 - Provides updated leave mapping if needed, based on certification received

ONE MONTH PRIOR TO LEAVE:

- Have you discussed/finalized your proposed leave schedule with your department AP analyst and notified them of any changes/updates from your initial leave request?**
 - If yes, please provide the necessary documentation for these changes.

- Have you signed off your department's submitted MyInfoVault (MIV) leave form(s)?**
 - Definition: My Info Vault is an online database that houses academic personnel research, creative activity, teaching, and service data, and creates and routes electronic dossiers for academic peer review. It also allows for the creation and routing of academic leave of absence requests.
 - Department drafts and submits MIV leave form for review/approvals
 - Faculty signs off on department-submitted MIV leave form(s)

**AFTER THE BIRTH, SURROGACY BIRTH, ADOPTION, OR FOSTER CARE
PLACEMENT OF CHILD**

- You must enroll your child on your insurance plans within 31 days of the date they join your family or meet all the eligibility requirements. Please visit the University of California’s [“Adding a family member to your insurance”](#) for guidance. Contact benefits@ucdavis.edu for any questions.

- Keep in touch with your department AP analyst to inform them of any changes in your approved leave schedule.

WHEN YOU RETURN TO WORK

- Check in with your department AP analyst on the first day back to “check-in”, so they can ensure you are returned from leave in UC Path.**

- Contact the Benefits Office**
 - Call Benefits to verify that all enrollments remain active
Contact information for Benefits:
benefits@ucdavis.edu
Main Phone: 530-752-1774 (voicemail only - for those without email)
Email (strongly preferred). Please include your phone number and UCPath ID

The following checklist is intended to help you stay organized and ensure that you are taking the necessary steps for your faculty's leave of absence. The SHORT checklist is helpful for quick reminders of next steps. The DETAILED checklist asks the same questions as the short checklist but provides additional guidance on what is needed for each step.

SHORT

Did the employee request leave, or did the department learn of a possible qualifying event for the employee, for one of the following reasons?

Is the employee eligible for FMLA leave?

Has the department provided the necessary documents to the employee within five (5) days of receipt of leave?

Has the department and employee meet to discuss leave entitlements and pay options?

Has the department received the applicable Certification Form within fifteen (15) days of issuance of Notice of Eligibility and Rights and Obligations form?

Has the department notified their SOM AP analyst of the leave request?

Has the department provided the necessary documents within five (5) days of employer receiving sufficient information regarding qualification of leave?

Has the department submitted the leave request in MIV?

Does the department need to track this leave?

Has the employee notified the department of any changes/updates from their initial leave request?

Is the employee's leave ending soon?

Has the department received a Return to Work Certification at least three (3) days prior to the employee's first day back at work?

Is DMS engaged in the employee's return to work? If so, maintain regular communication with them and the faculty member for interactive process.

Has the department maintained employee's confidential medical leave documentation as a separate file from the employee's personnel file?

DETAILED

Did the employee request leave, or did the department learn of a possible qualifying event for the employee, for one of the following reasons?

- Birth, surrogacy birth, adoption, or foster care placement

Is the employee eligible for FMLA leave?

- Has the employee worked at least 12 months for the company (need not be consecutive)?
- Has the employee worked at least 1,250 hours in the preceding 12 calendar months?
 - Hours worked include overtime but do not include holiday, vacation, sick leave, or other paid leaves
- Has the employee already used FMLA leave this calendar year? If so, do they still have FMLA leave available?
- If not FMLA/CFRA eligible, does the employee have other leave options?

Has the department provided the following documents to the employee within five (5) days of receipt of leave?

- Notice of Eligibility and Rights and Obligations Form
- Declaration of Relationship Form
- University of California Family and Medical Fact Sheet

Has the department and employee met to discuss leave entitlements and pay options?

- Leave entitlements – FMLA / CFRA
- Pay options – applicable Health Sciences Compensation Plan member benefit (Childrearing 90), PFCB, Vacation, Leave Without Pay
- Provide initial mapping of leave based on desired dates provided by employee

Has the department received the applicable Certification Form within fifteen (15) days of issuance of Notice of Eligibility and Rights and Obligations form?

- Have you reviewed the form for completeness?
 - For incomplete certification or if clarification is needed, retain a copy and return original certification to the employee with explanation of deficiencies and request new certification to be submitted within seven days.

Has the department notified their SOM AP analyst of the leave request?

- Sends an email to their assigned SOM AP analyst advising of the forthcoming MIV leave request and provides a copy of the certification received.

Has the department provided the following documents within five (5) days of employer receiving sufficient information regarding qualification of leave?

- Provides Designation Notice to employee
- Provides updated leave mapping if needed, based on medical certification received

- If intermittent leave, advise employee's manager/supervisor of approved time away due to FMLA leave.

☐Has the department submitted the leave request in MIV?

- Drafts and submits MIV leave form for review/approvals
- Sends corresponding leave documentation to their dean's office AP analyst for review of the employee's completed MIV leave request

☐Does the department need to track this leave?

- Departments should track intermittent leave usage.
- Departments should track usage of usage of 5 days Comp plan leave pay per calendar year.

☐Has the employee notified the department of any changes/updates from their initial leave request?

- If yes, has the employee provided the necessary documentation for these changes?
- Does the department need to update the existing leave form in MIV for proper leaves tracking?
- Has the department notified appropriate personnel of these changes, if needed?

☐Is the employee's leave ending soon?

- Send an email 1-2 weeks in advance of anticipated leave end date to check in with the employee to:
 - Confirm return date or possible leave extension.

☐Has the department maintained employee's confidential leave documentation as a separate file from the employee's personnel file?

- Leave records should be maintained for 3 years.

Frequently Asked Questions

Q: How do I request to take parental leave?

A: Contact your supervisor and department AP analyst so they can provide information on your eligibility and options.

Q: What is the difference between leave entitlements and paid leave benefits?

A: Leave entitlements describe the types of “protected” leave to which you are entitled under University policy (incorporating federal and state laws, including FMLA, CRFA, etc.). Income replacement, or paid leave benefits, describes the policies and procedures under University policy whereby you can continue to receive income notwithstanding that you are not working (i.e., on leave).

Q: What are the paid leave benefits for parental leaves and eligibility criteria?

A: The paid leave benefits include PFCB and/or accrued vacation may be applicable, if eligible.

Additional information can be found on the Leave Entitlements: Parental Leaves (Childrearing) and Pay Options: Parental Leaves (Childrearing) fact sheets

Q: How do I add my child to my benefits?

A: You have 31 days from the date of birth, surrogacy birth, adoption, or foster care placement to add your child to your benefits. Adding your child is done via the UC Path self-service portal. For questions or assistance with this process, please contact UC Path directly at (855) 982-7284 or ucpath@universityofcalifornia.edu.

Q: How do I return to work after parental leave?

A: You will need to communicate with your department analyst about your return date and they will inform the assigned Academic Personnel analyst.

NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES (R12/22)**Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), & California Pregnancy Disability Leave Law (PDLL)**

In general, to be eligible for Family and Medical Leave (FML), an employee must have worked for the University of California for at least 12 months and have worked at least 1,250 hours in the 12 months preceding the leave. These eligibility requirements do not apply to Pregnancy Disability Leave taken under PDLL.

Part A – NOTICE OF ELIGIBILITY

To:

Employee

Date

From:

University Representative

On _____, you informed the University that you needed leave beginning on _____ and with an anticipated end date of _____ for:

- Your own serious health condition.
- The need to care for one of the following family members due to their serious health condition:
 spouse; domestic partner; designated person; child; parent; parent-in-law;
 grandparent; grandchild; sibling.
- Pregnancy Disability Leave (PDL). This leave may be used when you are disabled by pregnancy, childbirth, or a related medical condition. It may also be used for prenatal care.
- Parental bonding leave following the birth of a child, or placement of a child with you for adoption or foster care.
- Military caregiver leave to care for a family member who is a Covered Servicemember with a serious injury or illness. You are the Covered Servicemember's:
 spouse; domestic partner; child; parent; next of kin.
- A qualifying exigency related to the following family member's active duty or call to active duty status with the Armed Forces:
 spouse; domestic partner; child; parent; parent-in-law.

This Notice is to inform you that:

- You are eligible for FML and have FML entitlement remaining and available to use for the applicable period under the following statute(s): FMLA; CFRA; PDLL. (See Part B below for Rights and Responsibilities.)
- You are eligible for FML but you have already exhausted the applicable FML leave entitlement for the applicable period.

You are **not** eligible for FML under FMLA and/or CFRA because:

- You have not met the 12-month length of service requirement. 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.

If you have any questions, contact _____ or view the

FMLA, CFRA, and/or PDLL posters located in _____ and online, as well as applicable policies and/or collective bargaining agreement provisions.

Part B – RIGHTS AND RESPONSIBILITIES FOR TAKING FML (To be completed only if the employee is eligible and has not exhausted the applicable leave entitlement.)

As explained in Part A, you meet the eligibility requirements for taking FML and still have FML leave entitlement available in the applicable period. **However, in order for us to determine whether your absence qualifies as FML, you should return the following information to us by _____.** When certification is requested, employees have at least 15 calendar days from receipt of this notice to provide it. Under certain circumstances, additional time may be provided. If sufficient information is not provided in a timely manner, your leave may be denied.

- Sufficient certification to support your request for FML. 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. The required declaration form is enclosed.
- Other information needed: _____

If your leave does qualify as FML, you will have the following **responsibilities** while on leave (only checked boxes apply):

- Contact _____ at _____ to make arrangements to either (a) maintain your health benefits during your leave by continuing to make your share of the premium payments or (b) opt out of your health benefits during your leave. You have a minimum of 30 days 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 your FML, and recover these payments from you upon your return to work.
- You will be required to use the following paid leave during your FML absence:
your available **sick leave**, **vacation**, and/or **other leave**.
Your entire FML absence, including any period during which you are using paid leave, will be counted against your FML leave entitlement. Note: This requirement to use paid leave does not apply to any part of an FML absence during which employees are using Pay for Family Care and Bonding (PFCB).
- While on leave you will be required to furnish us with periodic updates of your status and intent to return to work every: _____ *[Indicate interval of periodic updates, as appropriate for the particular leave situation].*
- If the circumstances of your leave change, and you are able to return to work earlier than the date indicated in Part A of this form, you need to notify your supervisor at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FML, you will have the following **rights** while on leave:

- You have a right under the FMLA and/or the CFRA for up to 12 workweeks of unpaid leave in the calendar year (January-December) if you are taking leave for any FML qualifying purpose other than Military Caregiver Leave.
- You have a right under the FMLA for up to 26 workweeks of unpaid leave in a single 12-month period to care for a Covered Servicemember with a serious injury or illness (Military Caregiver Leave). This single 12-month period commenced or will commence on: _____.
- You have a right under the PDLL for up to four months of unpaid leave per pregnancy.
- Your FML leave will be designated and counted against your applicable statutory FML leave entitlement(s) and will be job-protected leave as required under the applicable statute.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- If you return directly from a leave under the PDLL, you will be reinstated to the same position or, if the same position is not available, to a comparable position. (If your leave extends beyond the end of your FML leave entitlement(s), you do not have statutory return rights.)
- If you return directly from any statutory FML leave other than a leave under the PDLL, 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-protected and/or CFRA-protected leave. (If your leave extends beyond the end of your FML leave entitlement(s), you do not have statutory return rights.)

- You may be required to reimburse the University for its share of health insurance premiums paid on your behalf during any unpaid portion of your FML if you do not return to work following FML for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition that would entitle you to FML; 2) the continuation, recurrence, or onset of a Covered Servicemember's serious injury or illness which would entitle you to FML; or 3) other circumstances beyond your control.
- If we have not informed you above that you must use paid leave while taking your unpaid FML leave entitlement, you may have the right under the applicable policy or collective bargaining agreement to use Pay for Family Care and Bonding (PFCB) and/or the following paid leave during your FML absence: **sick leave, vacation leave, and/or other leave**. Applicable conditions related to the use of PFCB and paid leaves are referenced or set forth below. If you do not meet the requirements for using PFCB and/or paid leave, you remain entitled to take unpaid FML leave. Your entire FML absence, including any period during which you are using PFCB or paid leave, will be counted against your FML leave entitlement.

For conditions applicable to PFCB and sick/vacation/other leave usage please refer to _____ available at: _____

Applicable conditions for use of paid leave: _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FML and count towards your FML leave entitlement. Meanwhile, WE HAVE PROVISIONALLY DESIGNATED YOUR LEAVE AS FML. If you have any questions, please do not hesitate to contact: _____ at _____

DEPARTMENT SIGNATURE

NAME (PRINT)

SIGNATURE

Chris P. Bacon

DATE

Print Form

DECLARATION OF RELATIONSHIP

For Family and Medical Leave (FML) under the Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA)

This form should be completed by the employee when the employee requests FML:

- to care for a family member with a serious health condition; or
- for parental bonding leave.

Please note:

- This declaration is for FML purposes only and does not establish benefits eligibility for the family member.

EMPLOYEE'S NAME (Last)	(First)	(Middle Initial)
EMPLOYEE'S DEPARTMENT		

FOR REQUESTS FOR LEAVE TO CARE FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION:

This leave may be taken to care for the employee's **spouse, domestic partner, child (including a child of the employee's domestic partner), parent, grandparent, grandchild, or sibling.**

Please note:

- Step-relatives and relatives by virtue of adoption, foster care, and legal ward/legal guardian relationships are included on the same basis as the above-listed blood relatives.
- "In loco parentis" relationships also qualify, which means that (a) "parent" includes a person who had day-to-day responsibilities to care for the employee or financially supported the employee when the employee was a child, and (b) "child" includes a person for whom the employee has day-to-day responsibilities to provide care or for whom the employee provides financial support.
- In-laws are not included.

I am requesting FML to care for: _____

who is my: _____ and has a serious health condition.

[specify relationship with the employee]

If requesting FML to care for a child, check one of the following:

- My child is under 18 years of age or incapable of self-care due to a physical or mental disability.
- My child is 18 years of age or older and does not have a disability that renders them incapable of self-care.

FOR REQUESTS FOR PARENTAL BONDING LEAVE:

This leave must be taken within 12 months of the birth or placement of the child with the employee for adoption or foster care, as applicable. If leave is being taken in connection with an adoption or foster care placement, the employee may use this leave before the actual placement if the employee's absence from work is required for the placement to proceed. Please note: If the child is not yet named, some description of the child should be included below.

I am requesting parental bonding leave to bond with my newborn child, _____

whose birth date was: _____ or is anticipated to be: _____

OR

I am requesting parental bonding leave to bond with: _____

a child who was or will be placed with me for adoption or foster care on: _____

SIGNATURE

I Certify that the foregoing is true.

EMPLOYEE SIGNATURE	DATE
--------------------	------

NOTICE OF ELIGIBILITY AND RIGHTS & RESPONSIBILITIES (R12/22)**Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), & California Pregnancy Disability Leave Law (PDLL)**

In general, to be eligible for Family and Medical Leave (FML), an employee must have worked for the University of California for at least 12 months and have worked at least 1,250 hours in the 12 months preceding the leave. These eligibility requirements do not apply to Pregnancy Disability Leave taken under PDLL.

Part A – NOTICE OF ELIGIBILITY

To: Marsha Mellow

August 1, 2024

Employee

Date

From: Chris P. Bacon

University Representative

On July 31, 2024, you informed the University that you needed leave beginning on October 15, 2024 and with an anticipated end date of December 30, 2024 for:

- Your own serious health condition.
- The need to care for one of the following family members due to their serious health condition:
 spouse; domestic partner; designated person; child; parent; parent-in-law;
 grandparent; grandchild; sibling.
- Pregnancy Disability Leave (PDL). This leave may be used when you are disabled by pregnancy, childbirth, or a related medical condition. It may also be used for prenatal care.
- Parental bonding leave following the birth of a child, or placement of a child with you for adoption or foster care.
- Military caregiver leave to care for a family member who is a Covered Servicemember with a serious injury or illness. You are the Covered Servicemember's:
 spouse; domestic partner; child; parent; next of kin.
- A qualifying exigency related to the following family member's active duty or call to active duty status with the Armed Forces:
 spouse; domestic partner; child; parent; parent-in-law.

This Notice is to inform you that:

- You are eligible for FML and have FML entitlement remaining and available to use for the applicable period under the following statute(s): FMLA; CFRA; PDLL. (See Part B below for Rights and Responsibilities.)
- You are eligible for FML but you have already exhausted the applicable FML leave entitlement for the applicable period.

You are **not** eligible for FML under FMLA and/or CFRA because:

- You have not met the 12-month length of service requirement. 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.

If you have any questions, contact Chris P. Bacon or view the

FMLA, CFRA, and/or PDLL posters located in your home department _____ and online, as well as applicable policies and/or collective bargaining agreement provisions.

Part B – RIGHTS AND RESPONSIBILITIES FOR TAKING FML (To be completed only if the employee is eligible and has not exhausted the applicable leave entitlement.)

As explained in Part A, you meet the eligibility requirements for taking FML and still have FML leave entitlement available in the applicable period. **However, in order for us to determine whether your absence qualifies as FML, you should return the following information to us by** August 15, 2024. When certification is requested, employees have at least 15 calendar days from receipt of this notice to provide it. Under certain circumstances, additional time may be provided. If sufficient information is not provided in a timely manner, your leave may be denied.

- Sufficient certification to support your request for FML. 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. The required declaration form is enclosed.
- Other information needed: _____

If your leave does qualify as FML, you will have the following **responsibilities** while on leave (only checked boxes apply):

- Contact UC Path at 855-982-7284 to make arrangements to either (a) maintain your health benefits during your leave by continuing to make your share of the premium payments or (b) opt out of your health benefits during your leave. You have a minimum of 30 days 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 your FML, and recover these payments from you upon your return to work.
- You will be required to use the following paid leave during your FML absence: your available **sick leave**, **vacation**, and/or **other leave**. Your entire FML absence, including any period during which you are using paid leave, will be counted against your FML leave entitlement. Note: This requirement to use paid leave does not apply to any part of an FML absence during which employees are using Pay for Family Care and Bonding (PFCB).
- While on leave you will be required to furnish us with periodic updates of your status and intent to return to work every: _____ *[Indicate interval of periodic updates, as appropriate for the particular leave situation].*
- If the circumstances of your leave change, and you are able to return to work earlier than the date indicated in Part A of this form, you need to notify your supervisor at least two workdays prior to the date you intend to report for work.

If your leave does qualify as FML, you will have the following **rights** while on leave:

- You have a right under the FMLA and/or the CFRA for up to 12 workweeks of unpaid leave in the calendar year (January-December) if you are taking leave for any FML qualifying purpose other than Military Caregiver Leave.
- You have a right under the FMLA for up to 26 workweeks of unpaid leave in a single 12-month period to care for a Covered Servicemember with a serious injury or illness (Military Caregiver Leave). This single 12-month period commenced or will commence on: _____.
- You have a right under the PDLL for up to four months of unpaid leave per pregnancy.
- Your FML leave will be designated and counted against your applicable statutory FML leave entitlement(s) and will be job-protected leave as required under the applicable statute.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- If you return directly from a leave under the PDLL, you will be reinstated to the same position or, if the same position is not available, to a comparable position. (If your leave extends beyond the end of your FML leave entitlement(s), you do not have statutory return rights.)
- If you return directly from any statutory FML leave other than a leave under the PDLL, 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-protected and/or CFRA-protected leave. (If your leave extends beyond the end of your FML leave entitlement(s), you do not have statutory return rights.)

- You may be required to reimburse the University for its share of health insurance premiums paid on your behalf during any unpaid portion of your FML if you do not return to work following FML for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition that would entitle you to FML; 2) the continuation, recurrence, or onset of a Covered Servicemember's serious injury or illness which would entitle you to FML; or 3) other circumstances beyond your control.
- If we have not informed you above that you must use paid leave while taking your unpaid FML leave entitlement, you may have the right under the applicable policy or collective bargaining agreement to use Pay for Family Care and Bonding (PFCB) and/or the following paid leave during your FML absence: **sick leave, vacation leave, and/or other leave**. Applicable conditions related to the use of PFCB and paid leaves are referenced or set forth below. If you do not meet the requirements for using PFCB and/or paid leave, you remain entitled to take unpaid FML leave. Your entire FML absence, including any period during which you are using PFCB or paid leave, will be counted against your FML leave entitlement.

For conditions applicable to PFCB and sick/vacation/other leave usage please refer to _____ available at: _____

Applicable conditions for use of paid leave: _____

Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FML and count towards your FML leave entitlement. Meanwhile, WE HAVE PROVISIONALLY DESIGNATED YOUR LEAVE AS FML. If you have any questions, please do not hesitate to contact: _____ at _____

DEPARTMENT SIGNATURE

NAME (PRINT)

Chris P. Bacon

SIGNATURE

Chris P. Bacon

DATE

8/1/24

Print Form

DESIGNATION NOTICE (R12/22)
FAMILY AND MEDICAL LEAVE ACT (FMLA), CALIFORNIA FAMILY RIGHTS ACT (CFRA),
AND CALIFORNIA PREGNANCY DISABILITY LEAVE LAW (PDLL)

To: _____ Date: _____

We have reviewed your request for Family and Medical Leave (FML) and any supporting documentation that you have provided.

We received your most recent information on _____ and decided:

PART A: To Be Completed if FML Request is Approved.

Your FML request for the following reason(s) is approved:

- Your own serious health condition.
- The need to care for one of the following family members due to their serious health condition:
 spouse; domestic partner; designated person: _____; child;
 parent; parent-in-law; grandparent; grandchild; sibling.
- Pregnancy Disability Leave (PDL). This leave may be used when you are disabled by pregnancy, childbirth, or a related medical condition. It may also be used for prenatal care.
- Parental bonding leave following the birth of a child, or placement of a child with you for adoption or foster care.
- Military caregiver leave to care for a family member who is a Covered Servicemember with a serious injury or illness. You are the Covered Servicemember's:
 spouse; domestic partner; child; parent; next of kin.
- A qualifying exigency related to the following family member's active duty or call to active duty status with the Armed Forces:
 spouse; domestic partner; child; parent; parent-in-law.

All leave taken for the above reason(s) will be designated as FML and counted against your entitlement under the following statute(s) until exhausted: FMLA; CFRA; PDLL.

For block leaves:

Start date: _____ Anticipated End Date: _____ Return to Work Date: _____

For Reduced schedule leaves or leaves on an intermittent basis:

Start date: _____ Anticipated End Date: _____

You are required to notify the University as soon as practicable if the dates of your scheduled leave change or are extended. If there was no firm end date for your leave, you should notify the University as soon as practicable when a firm end date is established. 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 FML leave entitlement:

- Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your FML leave entitlement under the following statute(s):
- FMLA _____ Weeks _____ Days _____ Hours.
- CFRA _____ Weeks _____ Days _____ Hours.
- PDLL _____ Weeks _____ Days _____ Hours.

- 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 FML leave 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).

If more than one statute is checked above, please note:

- **For an FML leave other than Pregnancy Disability Leave:** If both the FMLA and CFRA boxes are checked above, you will be concurrently using your entitlements under those statutes until you have either completed your leave or exhausted one or both of those entitlements.
- **For a Pregnancy Disability Leave (whether or not immediately followed by Parental Bonding Leave):** During the first 12 workweeks of your Pregnancy Disability Leave, you will be concurrently using your PDLL and FMLA entitlements until you have either completed your Pregnancy Disability Leave or exhausted your FMLA entitlement. If your Pregnancy Disability Leave continues after that point, you will only be using your PDLL entitlement until you have either completed your Pregnancy Disability Leave or exhausted your PDLL entitlement. If you take Parental Bonding Leave immediately following Pregnancy Disability Leave and you have not yet exhausted both your FMLA and CFRA entitlements, you will be concurrently using your FMLA and CFRA entitlements during your Parental Bonding Leave until you have either completed your leave or exhausted one or both of those entitlements.

Please be advised (check if applicable):

- You have requested to use paid leave during your FML. Your entire FML absence, including any period during which you are using paid leave, will count against your FML leave entitlement.
- You have requested to use Pay for Family Care and Bonding (PFCB) during your FML. If your leave qualifies for the PFCB option and you have PFCB entitlement available, your entire FML absence, including any period during which you are using PFCB, will count against your FML leave entitlement.
- We are requiring you to use paid leave during some or all of your FML. Your entire FML absence, including any period during which you are using paid leave, will count against your FML leave entitlement.
- You will be required to provide the enclosed Return to Work certification to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. If the job description is attached, the Return to Work certification must address your ability to perform those essential functions that you were unable to perform as a result of your serious health condition.
- A job description listing the essential functions of your position is attached to the Return to Work Certification.

PART B: To Be Completed if FML Request Is Not Approved

Your FML request is **Not Approved** because:

- Your leave is not for an FML-qualifying reason.
- You have not provided the necessary information to support your request for FML.
- You have exhausted your FML leave entitlement for the applicable period.

DEPARTMENT SIGNATURE

NAME (PRINT)

SIGNATURE

Chris P. Bacon

DATE

DURATION:
10/15/2024 - 12/30/2024

2024

PAY OPTIONS:
Leave Without Pay (LWOP):
10/15/2024 - 12/30/2024

January						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

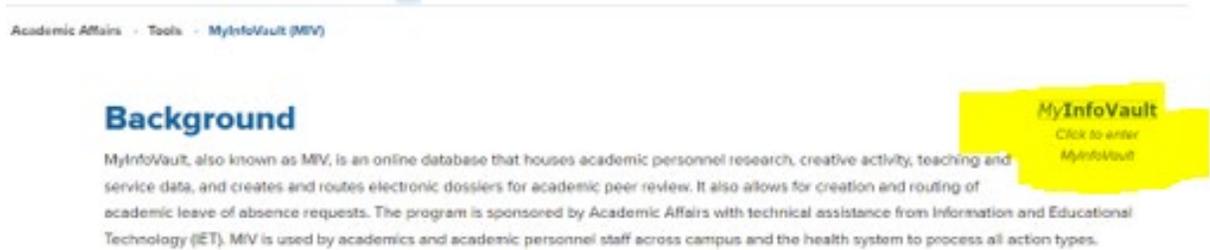
November						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

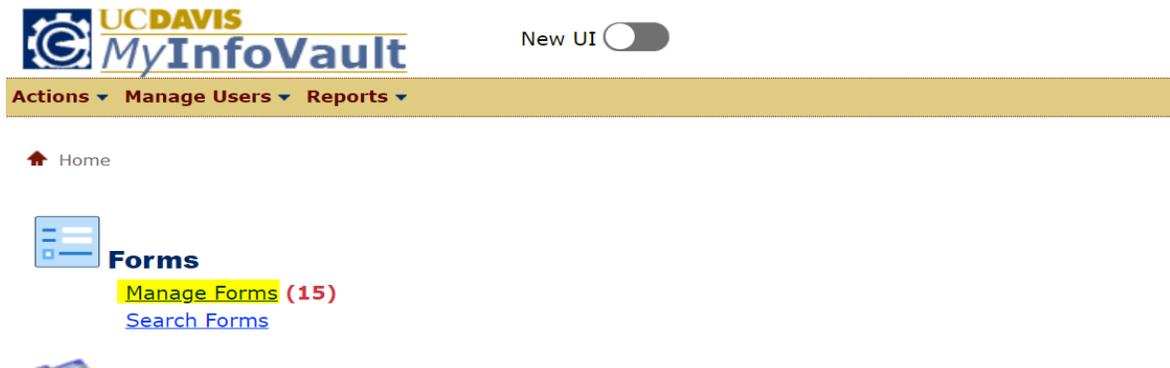
Date Out: October 15 Anticipated Child Arrival: October 15 Return Date: December 31

Instructions: How to submit a non-FMLA/CFRA eligible parental leave (childrearing) form in MIV

1. Log into My Info Vault (MIV), <https://myinfovault.ucdavis.edu>



2. Select "Manage Forms"



3. Start a new leave and select faculty's name and select start



4. Select type of leave "Parental Leave" and leave type "Parental Bonding"

What kind of leave are you requesting?	Please select the leave type
Parental Leave	Parental Bonding

5. Select designation as “none”

Select the designation for this leave

6. Select Paid or Unpaid option and Block or Intermittent/Reduced Schedule option

Will this be a Paid or Unpaid leave? as

7. Select whether faculty is part of the compensation plan, select “no” for FY faculty

Is the applicant part of the medical school compensation plan?

8. Select Yes or No on whether faculty will receive other sources of income while on leave

Will you receive other sources of income while on leave?

9. Enter leave begin date and end date, as well as return date

Pay Period Begin Date Pay Period End Date
Pay Period Return Date

10. Enter the Service Period Begin and End Date (should be the same as Pay Period dates)

Service Period Begin Date Service Period End Date

11. Select whether this request is an extension of a previous leave (usually no)

Is this an extension of a previous leave?

- 12. Enter the anticipated date of birth/surrogacy birth/adoption/foster care placement
- 13. Enter "Parental Leave" as the specific purpose of the proposed leave

What is the reason for or specific purpose of proposed leave?

Do not include private health information covered under HIPAA, such as diagnoses, treatment plans, or FMLA forms.

- 14. Leave documentation is optional (Do not include certifications or forms)

Please upload your Leave Documentation



Drag and drop a file here or click

- 15. Select Yes or No whether the faculty is a Principal Investigator

Are you a Principal Investigator?

- 16. If Yes, select whether a substitute will be selected

Is applicant a Principal Investigator?	Yes
Will a substitute be selected?	No

17. Fill in on how the faculty’s work will be covered on leave. Usually “Clinical Gen Pool Coverage”, or “Clinical coverage covered by colleagues”

How will your work be covered while you are on leave?

18. If applicable, include details on how faculty’s classes will be distributed for coverage. Select N/A if not applicable

If leave is granted, how will the applicant's classes be distributed?

19. Select the box next to “Please Acknowledge”

I certify that the FMLA/CFRA/PDLL paperwork has been properly filed in the department.

Please Acknowledge

20. Please include a full breakdown of leave designations and dates in “Additional Comments”

Additional Comments

***Sample completed leave forms attached.**

Sample: This document was created for a non-FMLA/CFRA FY faculty member.

Edit Leave

Employee ID:

Department:

What kind of leave are you requesting?

Parental Leave

Please select the leave type

Parental Bonding

Select the designation for this leave

FMLA

CFRA

FMLA/CFRA

none

Will this be a Paid or Unpaid leave?

Paid

Unpaid

as

Block

Intermittent/Reduced Schedule

Is the applicant part of the medical school compensation plan?

Yes

No

Will you receive other sources of income while on leave?

Yes

No

Pay Period Begin Date

10/15/2024

Pay Period End Date

12/30/2024

Pay Period Return Date

12/31/2024

Service Period Begin Date

10/15/2024

Service Period End Date

12/30/2024

Is this an extension of a previous leave?

Yes

No

What is the anticipated or known birth / foster / adoption date?

10/15/2024

What is the reason for or specific purpose of proposed leave?

Do not include private health information covered under HIPAA, such as diagnoses, treatment plans, or FMLA forms.

Parental bonding leave

Please upload your Leave Documentation



Drag and drop a file here or click

Are you a Principal Investigator?

Yes

No

How will your work be covered while you are on leave?

Clinical coverage covered by colleague

If leave is granted, how will the applicant's classes be distributed?

N/A

Additional Comments

10/15/2024-12/30/2024 - parental bonding leave, no designation

Save Draft

Exit Without Saving

Submit and Request Applicant Signature

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