

Print Form

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 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
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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)

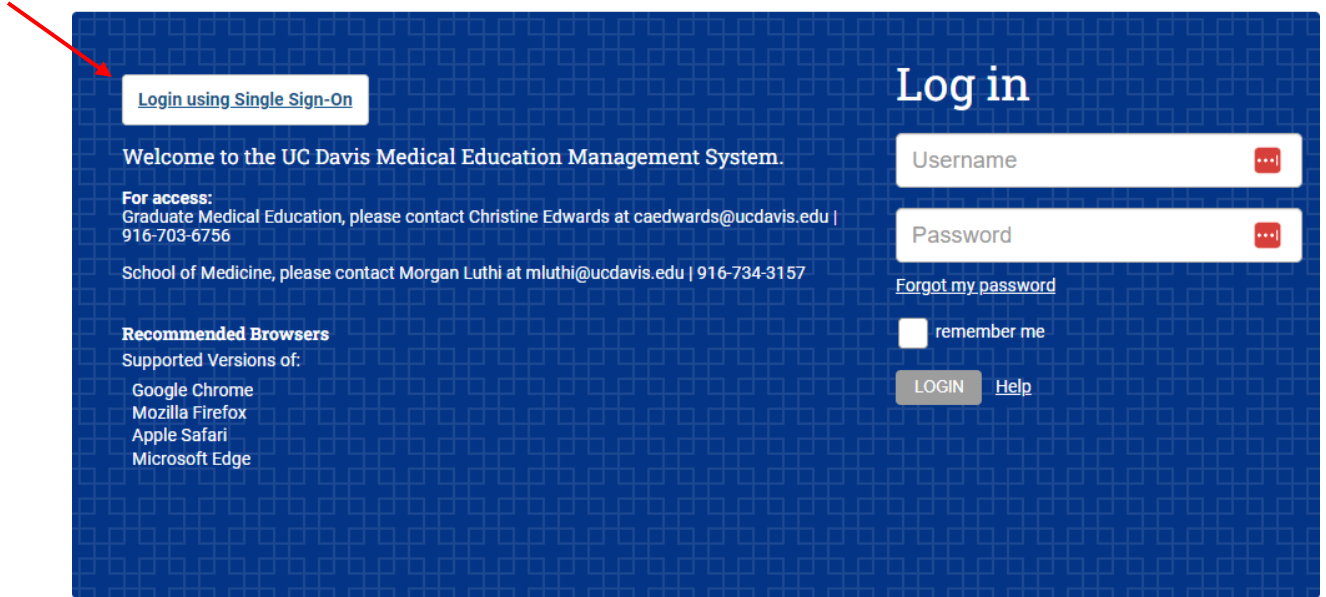
SIGNATURE

Chris Bacon

DATE

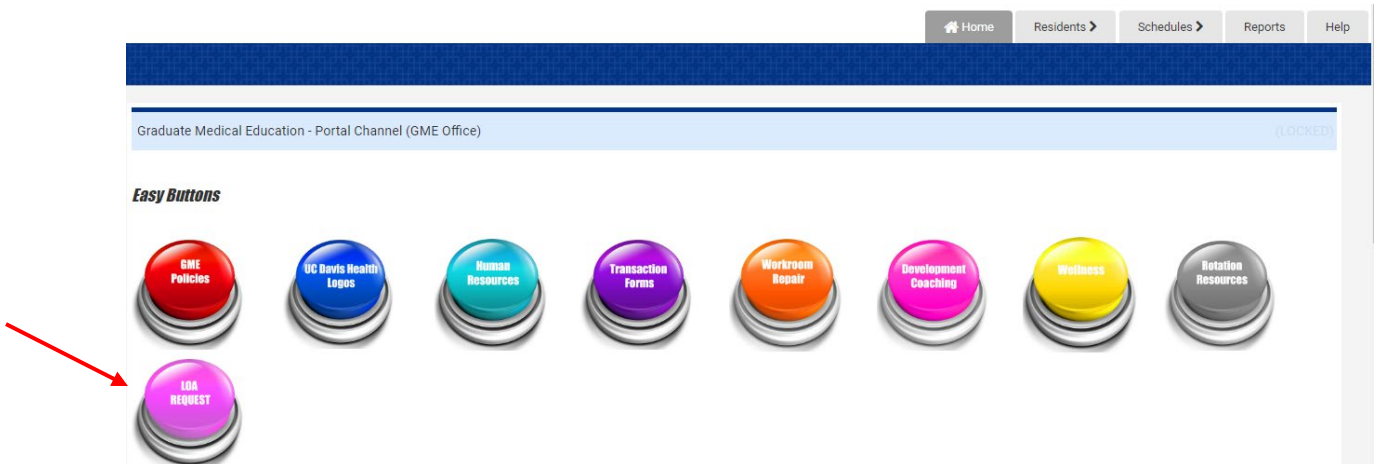
HOW-TO REQUEST AN LOA

1. Log into MedHub at <https://ucdavis.medhub.com/index.mh>



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[User Agreement](#) | [Privacy Policy](#) | [My Privacy Choices](#) | [CA Privacy Notice](#) | [Mobile Version](#)

2. On the home screen, click the pink colored 'LOA REQUEST' Easy Button



3. Read the statement about LOAs and GME training extensions, then click the arrow.



Please provide the following information to initiate your Leave of Absence.

[A Leave of Absence is for absences related to Family Leave, Medical Leave, Personal Leave, Parental Leave and Pregnancy Disability Leave.](#)

Please contact your Program Coordinator regarding instructions to request standard Vacation, Sick or Away Conference absences. Please do not enter them here.

- You will be contacted by Holly Singleteary, HR Business Partner, to initiate your leave, determine leave type eligibility.
- GME will work with your program and HR to determine your available entitlements (pay source) and potential extension.
- Your program will review with you and make any adjustments.
- Once complete the *LOA Time Off - Extension Mapping Acknowledgement* form will be sent for signatures via DocuSign.

Please be sure that your vacation and sick time are accurately recorded in MedHub. This will be used to calculate your available entitlements (pay sources) for your leave. Any over usage of entitlements will be required to be paid back to the University.

As a member of a Graduate Medical Education Training program, any leave of absence from your program may require a training extension, based on the duration of the leave, other absences and review of the applicable Specialty Certifying Board leave policy or applicable training program leave policy. Your program will review this with you. Please contact your Program Director and Coordinator with further questions regarding any possible extension.



4. Complete all sections of the questionnaire and click the arrow at the bottom of the page.



Full Name

Program

Email

Contact Phone Number

Are you (trainee) on a J1 Visa?

Yes

No

Program Director

Program Director Email (please confirm this is an accurate email address)

Program Coordinator

Program Coordinator Email (please confirm this is an accurate email address)

Acknowledgement:

As a member of a Graduate Medical Education Training program, any leave of absence from your program may require a training extension, based on the duration of the leave, other absences and review of the applicable Specialty Certifying Board leave policy or applicable training program leave policy. Your program will review this with you. Please contact your Program Director and Coordinator with further questions regarding any possible extension.

By typing your name in the box below, you acknowledge that you understand that any leave beyond the four (4) weeks of vacation per year MAY impact your program completion date.

What are your requested/anticipated Leave dates (MM-DD-YYYY) from start to end?

Start Date

End Date

HR requires a Medical Certification for any FML qualified, Medical Leave or Pregnancy related leave. We know your dates may change.

Have you requested your Medical Certification from your medical provider?

Please email (hrsingleteary@ucdavis.edu) or fax (916.734.8829) the Medical Certification within 15 days of this request.

Yes

No

Does not apply to this request

Type of Leave Request

Parental Leave

Medical Leave - Self

Personal Leave

Medical Leave - Family Care

Other

Description (Optional)

Please use this space to provide any known details (such as dates) or prompt any questions.





We thank you for your time spent taking this survey.
Your response has been recorded.

5. Request is routed to the GME Office and AP Analyst for processing.