

Pregnancy Leave (Residents and Fellows)



Comprehensive leave guidance to help you along the way

Pregnancy: Residents and Fellows

This pregnancy leaves packet applies ONLY to childbearing residents/fellows in the following titles:

PGY 1

Title code: 002709
RESID PHYS I/NON REP
RESID PHYS I/REP

PGY 2+

Title code: 002723
RESID PHYS II-VIII/NON REP
RESID PHYS II-VIII/REP

Chief Resident

Title Code: 002738
CHIEF RESID PHYS-NON REP
CHIEF RESID PHYS-REP

ACGME Fellow

Title Code: 002736
RESID PHYS/SUBSPEC 4-8/NON REP
RESID PHYS/SUBSPEC 4-8/REP

Non-ACGME Fellow

Title Code: 002733
OTH POST-MD TRAIN 2-8/NON REP
OTH POST-MD TRAIN 2-8/REP

Med Physics Resident

Title Code: 002740
NON-PHYS CLIN TRAIN

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).

Pay for Family Care and Bonding (PCFB) is not applicable to residents/fellows.

Parental leave pay benefits are covered the Collective Bargaining Agreement.

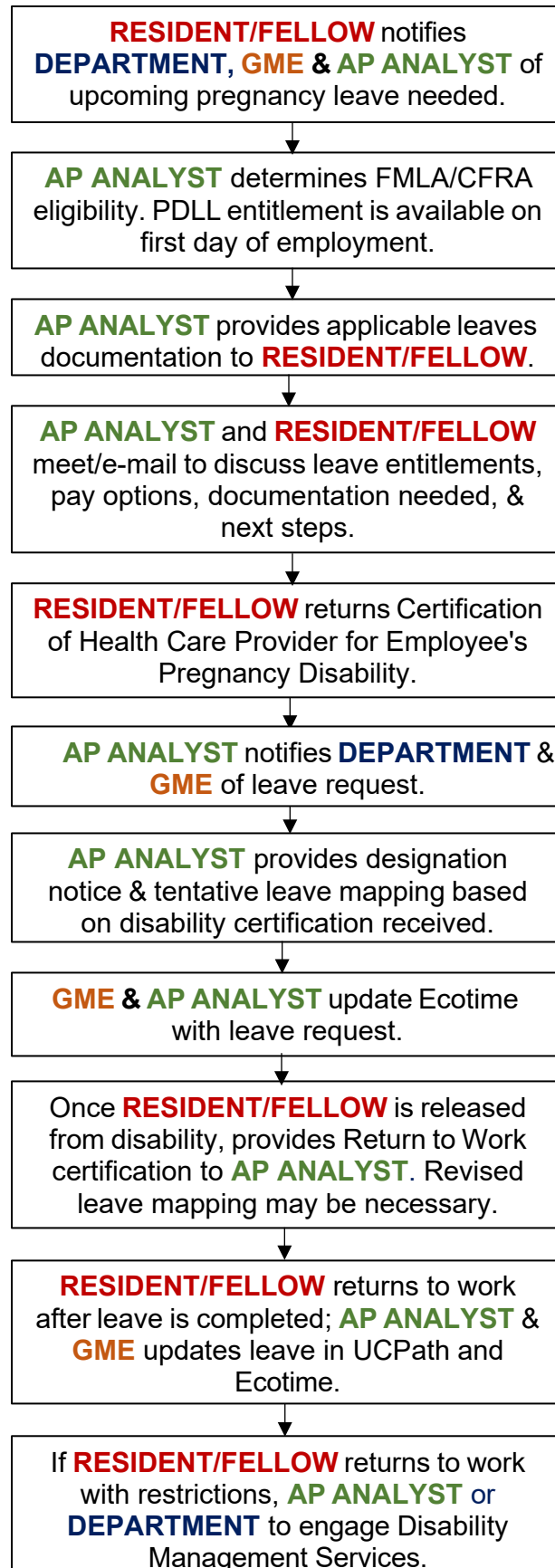
Education Training Program Extension

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 certifying Specialty 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.

Table of Contents

Pregnancy Leave Process	5
Leave Entitlements	6
Leave Laws	8
Pay Options.....	9
Forms/Resources	11
Pregnancy Leave Timeline (Resident/Fellow)	14
Leaves Checklist (Department)	16
Frequently Asked Questions (FAQ)	20
Sample of Completed Medical Documentation (PDLL only)...	21
MedHub Leave Instructions	29

Pregnancy Leave Process



Leave Entitlements: Pregnancy

The following leave entitlement information applies to eligible pregnancy leaves in academic resident/fellow titles. Compensation for this leave is discussed on the following page, Pay Options: Pregnancy Leaves.

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

- **Pregnancy Disability Leave Law (PDLL, State entitlement)** – provides eligible employees with up to four (4) months of unpaid, job-protected disability leave per pregnancy.

An employee disabled by pregnancy, childbirth, or a related medical condition is entitled to up to four months of disability leave per pregnancy. Leave can be taken before and after birth, during any period the employee is physically unable to work (period of disability) because of pregnancy or a pregnancy-related condition, including prenatal care. All leave taken in connection with a specific pregnancy counts toward computing the four-month period.

Generally, the pregnancy disability period is two to four weeks in advance of the child's date of birth, and six to eight weeks after the child's date of birth, dependent on type of delivery.

Eligibility – available upon hire; certified by a health care provider* that they are unable to work because of pregnancy, childbirth, recovery, and/or related medical conditions. There are no service or hours requirements for this entitlement.

- **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.

- **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. 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.

For Pregnancy leave, PDLL and FMLA (when FMLA eligible) run concurrently. Once the pregnancy disability period (PDLL) has ended, determined by a health care provider/return to work (released from disability) certification, the employee may transition to their CFRA bonding entitlement, which runs concurrently with any remaining FMLA. It is recommended that the employee take at least one day of CFRA after the PDLL period has ended for eligibility purposes. Employees who return directly after their PDLL period has ended will need to requalify (regarding the number of hours worked) for the CFRA/ bonding period.

Additional information:

PDLL/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 PDLL, FMLA or CFRA.

***Certification by a health care provider.** Under the FMLA, the definition of health care provider includes, but is not limited to the following: doctor of medicine or osteopathy, physician assistant, nurse practitioner, podiatrist, dentist, nurse-midwife, clinical psychologist, clinical social worker, optometrist, chiropractor, Christian Science practitioner, and any provider covered under the employer group health plans, including foreign countries. Other health care providers may be acceptable, please contact AP for guidance.

Leave Laws

The following is a guide regarding federal and California state disability leave laws as they relate to pregnancy. 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
Pregnancy Disability Leave Laws (PDLL)	Up to 4-months	<ul style="list-style-type: none"> Job protected leave Eligible for benefit continuation of employer contribution for medical/dental/vision 	Childbearing faculty are eligible for up to 4 mos. of pregnancy disability leave regardless of the length of time worked for UCD. PDLL may be taken when disabled by pregnancy, childbirth, or a related medical condition, for example: time off for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, recovery from childbirth, and any related medical condition.
Family & 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"> 12 mos. cumulative UC service 1250 actual hours worked in the prior 12 mos. <p>Runs concurrently with PDLL for any period of incapacity due to pregnancy or for prenatal care (e.g. see medical conditions listed above).</p>
California Family Rights Act (CFRA)	Up to 12-weeks per pregnancy	<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"> 12 mos. cumulative UC service 1250 actual hours worked in the prior 12 mos. <p>If you were eligible for FMLA at the time of your leave, you will be eligible for an additional 12 weeks of protected leave to bond with the child as long as at least one day of bonding leave is taking after PDLL has ended. Leave must occur within 1-year of the birth of the child.</p>

Pay Options: Pregnancy Leaves

While the pregnancy disability period (PDLL/FMLA) and baby bonding time (CFRA) are unpaid entitlements during a pregnancy leave, resident/fellows may have several options to receive compensation while on leave. The following pay option information applies to resident/fellow pregnancy leaves.

Resident/Fellow Parental Pay Leave Benefits:

- **Parental Leave Pay Benefit** (8 weeks pay leave) – provides 56 consecutive calendar days of full pay per pregnancy for resident/fellows only, to be used with during Pregnancy Disability Leave (PDLL), Baby Bonding time or up until the baby turns one.

Eligibility – available upon hire; granted to a resident/fellow who is a member of Graduate Medical Education (GME) program and has been certified by a health care provider that they are unable to work because of pregnancy, childbirth, recovery, and/or related medical conditions and baby bonding until the baby is 1 year old. The Parental Leave Pay benefit also applies to the non-childbearing parent. The Parental Leave pay benefit is per occurrence, available on the resident/fellow's first day of employment and is provided for the period before, during, and after childbirth.

Additional Information: The Parental Leave pay benefit is intended to substitute other benefits with partial pay, as it is the greater benefit, and therefore may not be taken in conjunction with short-term disability. It is advised to use Parental Leave as the first pay source option.

Other Pay Option Benefits:

- **Vacation Leave Pay** – Residents/Fellows may use the 28 days of vacation leave provided at the beginning of each academic year for full pay to cover any combination of pregnancy disability and baby bonding leave not covered by the Parental Leave benefit.
- **Sick Leave Pay** – Resident/Fellow may use the allotted 12 days of sick leave provided at the beginning of each academic year.
- **Disability Leave Pay** – While disability pay is an option for the Pregnancy Disability period, the Parental Leave pay benefit provides a greater benefit to the resident/fellow, and therefore would not normally be used. An exception to this normal practice might be if there is an extended PDLL period. Disability benefits may not be taken in conjunction with the Parental Leave pay benefit.
 - **Short Term Disability** – UC provided benefit for residents/fellow. The Basic Disability plan covers up to 66.67% of your eligible monthly earnings to a maximum of \$1200 per month up for to 22 weeks.

Note: short-term disability has a 30-day waiting period that needs to be satisfied before going into effect. You may contact HS-GMELOA@ucdavis.edu to get

additional information on disability pay options including how to file, etc.

Additional Information: If a resident/fellow has used all applicable pay options and still has protected leave available, they may choose to continue their leave without pay.

The following forms and documentation apply to pregnancy leaves for academic resident/fellow titles.

- [Notice of Eligibility and Rights and Obligations Form \(AP ANALYST\)](#)
When an employee first requests a leave for a reason that may qualify for FMLA/CFRA and/or PDLL leave, or the department receives information of a possible qualifying event, the employer must notify the employee whether they are eligible for FMLA/CFRA and/or PDLL 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 & 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.

- [Certification of Health Care Provider for Employee's Pregnancy Disability Form \(RESIDENT/FELLOW\)](#)
Medical certification to support employee's request for pregnancy disability leave due to pregnancy, childbirth, or related medical condition. Providing this completed form is required to obtain (or retain) the benefit of PDLL protections for the leave.

The Certification of Health Care Provider for Employee's Pregnancy Disability Form should be provided to the employer **within fifteen (15) days** of receipt of the Notice of Eligibility and Rights & Obligations Form.

- [Designation Notice Form \(AP ANALYST\)](#)
Once the employer has enough information to know whether a leave request qualifies as FMLA/CFRA and/or PDLL leave, the employer must notify the employee in writing whether the employee's time off from work will be designated FMLA/CFRA and/or PDLL 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 qualification of leave.

- [Pregnancy Leaves Map \(AP ANALYST\)](#)
A leave mapping offers the employer and employee a full picture glance of leave entitlements, pay, and anticipated length of leave. Must verify what entitlements/pay is available to use for the leave with the program coordinator and MedHub. Once the return to work certification has been received, it is recommended that a final leaves map be provided to the employee if the pregnancy disability period changed from the initial estimate provided on the Certification of Health Care Provider for Employee's Pregnancy Disability Form.

- [Return to Work Certification Form \(RESIDENT/FELLOW\)](#)
Prior to returning to work following a pregnancy leave, written authorization from the employee's health care provider is required to return the employee from disability (typically, 6 to 8 weeks after baby's birth). An employee may not return to work without first submitting a Return to Work Certification that states that the employee is able to work, listing any restrictions on normal duties. Note, the return to work release does not constitute your return to physical work, but instead, releases you from the pregnancy disability period (PDLL).

Note: If a doctor's note is obtained in place of the Return to Work Certification form, it must contain all pertinent information – employee's release to return to work effective date, restrictions, if any, and release from restrictions date.

Additional Information:

Best practice is to obtain the release from disability/return to work certification at the post-partum doctor's appointment, if recovered. The release date signifies the start of the CFRA (baby bonding) period, which may alter your protected entitlement (shorten or extend) depending on the length of the disability period.

The Return to Work Certification Form should be provided to the employer **at least three (3) days prior** to the employee's first day back at work. Program coordinator must confirm it has been received before allowing resident/fellow to return to work.

- [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 pay UC status, all UC-sponsored benefits continue.

DISABILITY

If a resident/fellow needs disability/reasonable accommodations to facilitate a return to work after medical leave, please reach out to Disability Management Services at dmshelp@ucdavis.edu.

CONTACT INFORMATION

UC Davis Health Benefits: HS-GMELOA@ucdavis.edu

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

Resources:

[Lactation Support Program](#) (Registration required, prior to child's birth.)

[Resident Benefits Information](#)

[GME LOAs & Time Off FAQ](#)

[GME Policy Page](#)

- * Collective Bargaining Agreement
- * UC Davis Housestaff Leaves and Accruals
- * UC Davis Housestaff Compensation Plan

Tools:

[FMLA/CFRA Eligibility Spreadsheet](#)

[Leaves Calculator](#)

Leave Timeline: Pregnancy

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 Program and AP analyst of an upcoming pregnancy 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
 - Certification of Health Care Provider Form
 - University of California Family and Medical Leave Fact Sheet

- Have you met with your department and AP analyst to discuss leave entitlements and pay options?**
 - Possible leave entitlements – [PDLL](#) / [FMLA](#) / [CFRA](#) (it is recommended to familiarize yourself with these federal and state entitlements prior to meeting)
 - Possible pay entitlements – Parental leave (8 weeks), Disability, 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 Certification from a Health Care Provider for Pregnancy Disability?**

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

AFTER CHILD IS BORN:

- You must enroll your newborn on your insurance plans within 31 days of the date they join your family or meet all the eligibility requirements. Please visit the UC Residents Benefits page, [Changing Your Benefits](#) for guidance. Contact HS-GMELOA@ucdavis.edu for any questions.**

- Have you provided your department with a Return to Work Certification (release from disability)? This is typically obtained at your six-week post-partum doctor's appointment.**

- If you will be on a modified work schedule after your return and/or you are experiencing post-pregnancy complications and require a reasonable accommodation to facilitate your return to work:
 - Discuss this with your department AP analyst
 - Provide medical documentation from your health care provider that outlines your work restrictions (if any) and the duration of your restrictions. You will then need to work with your supervisor on evaluating any accommodations and/or completing the transitional work plan form. More information about the [Return to Work \(RTW\) program](#)

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

- Provide updated disability paperwork to the department if the disability dates are different from the original anticipated disability dates provided earlier in the process.
- Note, accurate disability dates are important to ensure you receive the most comprehensive leave possible.

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.**

Leaves Checklist: Pregnancy

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 program learn of a possible qualifying event for the employee?
- Did the AP Analyst determine if the employee is eligible for FMLA leave?
- Has the AP Analyst provided the necessary documents to the employee within five (5) days of receipt of leave?
- Has the AP Analyst and employee meet to discuss leave entitlements and pay options?
- Has the AP Analyst received the applicable Certification Form within fifteen (15) days of issuance of Notice of Eligibility and Rights & Obligations form?
- Has the AP Analyst provided the necessary documents within five (5) days of employer receiving sufficient information regarding qualification of leave?
- Has the AP Analyst submitted the leave request in Ecotime and UC Path?
- Does the program need to track this leave?
- Has the employee notified the AP Analyst of any changes/updates from their initial leave request?
- Is the employee's leave ending soon?
- Has the AP Analyst 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 program and AP Analyst 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?

- Employee's own serious health condition
- Serious health condition of spouse, domestic partner, child, parent, parent-in-law, grandparent, grandchild, sibling
- Birth, adoption, or foster placement of child
- Military "qualifying exigency"
- Serious Injury or illness of a covered service member

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 actually worked includes overtime, but does 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 AP analyst provided the following documents to the employee within five (5) days of receipt of leave?

- Notice of Eligibility and Rights & Obligations Form
- Certification of Health Care Provider Form (whichever is most appropriate for leave type)
 - Declaration of Relationship form is needed for family member serious health condition leave (in addition to cert) and for parental bonding leaves
- University of California Family and Medical Fact Sheet

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

- Possible leave entitlements – PDLL / FMLA / CFRA
- Possible pay entitlements – applicable Health Sciences Compensation Plan member benefit (Five days Comp plan benefit, Medical 90/90, Childbearing 90), Disability, PFCB, Vacation, Leave No Pay
- Provide initial mapping of leave based on desired dates provided by employee

Has the AP analyst received the applicable Certification Form within fifteen (15) days of issuance of Notice of Eligibility and Rights & 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.
 - Is the medical certification/leave for a qualifying reason?

- Has the AP analyst provided the following documents within five (5) days of employer receiving sufficient information regarding qualification of leave?**
 - Provides Designation Notice to employee
 - Provides Return to Work Certification
 - 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 AP Analyst submitted the leave request in Ecotime and UC Path?**
 - Enters leave in Ecotime and UC Path

- Does the AP Analyst need to track this leave?**
 - Programs should track intermittent leave usage

- Has the employee notified the AP Analyst of any changes/updates from their initial leave request?**
 - If yes, has the employee provided the necessary documentation for these changes?
 - Does the AP Analyst need to update the existing leave form 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.
 - Confirm/remind the employee of required Return to Work Certificate, when applicable
 - Pregnancy disability
 - Employee's own serious health condition

- Has the AP Analyst received a Return to Work Certification at least three (3) days prior to the employee's first day back at work?**
 - Have you reviewed the form for completeness?
 - If release is unclear or incomplete, department should request additional information
 - Are there restrictions listed?
 - If yes, does the program need to engage Disability Management Services (DMS)?
 - Sends email to their AP analyst with confirmation of employee's return to work and provides corresponding Return to 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 program and AP Analyst maintained employee's confidential medical leave documentation as a separate file from the employee's personnel file?**
 - Medical leave records should be maintained for 3 years.

Q: How do I request to take pregnancy leave?

A: Contact your department coordinator and submit your request in MedHub; Contact your AP Analyst so they can provide information on your eligibility and options.

Q: What is the difference between leave entitlement 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 PDLL, 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: Who should sign my medical documentation (e.g. disability certification, return to work certification, etc.)?

A: Medical documentation should be signed by your health care provider.

Under the FMLA, the definition of health care provider includes, but is not limited to the following: doctor of medicine or osteopathy, physician assistant, nurse practitioner, podiatrist, dentist, nurse-midwife, clinical psychologist, clinical social worker, optometrist, chiropractor, Christian Science practitioner, and any provider covered under the employer group health plans, including foreign countries. Other health care providers may be acceptable, please contact AP for guidance.

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

A: You have 31 days from the date of birth to add your newborn to your benefits. Adding your newborn is done via the PlanSource. For questions or assistance with this process, please contact your AP Analyst at (916) 734-1499 or HS-GMELOA@ucdavis.edu or click the link for instructions; [Changing Your Benefits.](#)

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

A: You will need to provide your department with a Return to Work Certification form completed by your health care provider.

Q: How do I know if I will have a program extension?

A: GME will calculate and communicate any program extensions based on your specific program requirements.

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

Holly Singleteary

DATE

Print Form

**CERTIFICATION OF HEALTH CARE PROVIDER
FOR EMPLOYEE'S PREGNANCY DISABILITY
California Pregnancy Disability Leave Law (PDLL)**

PURPOSE of FORM: The below-named employee has requested a leave of absence due to a disability resulting from her pregnancy, childbirth, or related medical condition which may qualify as a protected leave under PDLL. This medical certification form will provide the University with information needed to determine if the employee's requested leave is for a qualifying reason under PDLL. Section II must be fully completed by the health care provider.

INSTRUCTIONS to EMPLOYEE: You are required to submit a timely, complete, and sufficient medical certification to support your request for pregnancy disability leave due to your pregnancy, childbirth, or related medical condition. Providing this completed form is required to obtain (or retain) the benefit of PDLL protections for your leave. Failure to provide a complete and sufficient medical certification to the University may result in a delay or denial of your leave request.

This form should be completed and returned within 15 calendar days. If you cannot return the completed form within the stated deadline, please contact _____ with the reasons for the delay and the date when the certification will be provided.

You may return the form in person, by mail, or by fax. The fax number is _____.

You should include a fax cover sheet marked "CONFIDENTIAL" and address your fax to:

"ATTENTION: _____."

SECTION I – To be completed by THE UNIVERSITY

EMPLOYEE'S NAME		EMPLOYEE'S JOB TITLE	
EMPLOYEE'S REGULAR WORK SCHEDULE			
NAME OF UNIVERSITY REPRESENTATIVE		UNIVERSITY REPRESENTATIVE MAILING ADDRESS	
TELEPHONE	FAX	E-MAIL	

Check if job description listing essential functions is attached

SECTION II – To be completed by HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient (our employee) has requested leave under the PDLL due to a disability resulting from her pregnancy, childbirth, or related medical condition. Please answer, fully and completely, all applicable parts. Your answers should be based upon your medical knowledge, experience, and examination of the employee. Be sure to sign and date the form on page 2.

THE GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 (GINA): The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

NOTE: DO NOT DISCLOSE ANY UNDERLYING DIAGNOSES WITHOUT THE EMPLOYEE'S CONSENT.

PROVIDER'S NAME

BUSINESS ADDRESS

TELEPHONE

FAX

1. Approximate date the employee became or will become disabled by pregnancy, childbirth or related medical condition:

Probable duration of the period(s) of disability:

From

To

2. Use the information provided by the University in Section I to answer these questions. If no job description is provided, answer these questions based upon the employee's own description of her job functions.

(a) Is the employee unable to perform work of any kind without undue risk to herself, others, or the successful completion of her pregnancy?

Yes

No

(b) If the employee is able to perform one or more of the essential functions of her position without undue risk to herself, others, or the successful completion of her pregnancy, please answer questions (i) and (ii) below.

(i) Is it medically advisable that the employee be temporarily transferred to another position due to a health condition related to her pregnancy or childbirth?

Yes

No

If yes, what is the date the transfer became/will become medically advisable?

What is the probable duration of the period(s) of need for a transfer?

From

To

(ii) Is it medically advisable for the employee to take leave on an intermittent or reduced schedule basis?

Yes

No

If the employee needs reduced schedule leave, estimate the part-time or reduced work schedule the employee needs:

Employee should work no more than:

_____ Hour(s) per day _____ Days per week From _____ To _____

If the employee needs intermittent leave, estimate the frequency of need for intermittent leave and the duration of incapacity (e.g. 1 episode every 3 months lasting 1-2 days).

Frequency: ____ Times per week(s) month(s) Duration: ____ Hours or ____ Day(s) per episode

SIGNATURE

SIGNATURE OF HEALTH CARE PROVIDER

DATE

Dr. Smith

**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

Holly Singletary

DATE

RETURN TO WORK CERTIFICATION For Family and Medical Leave (FML)

SECTION I – To be completed by THE EMPLOYER

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)

EMPLOYEE'S DEPARTMENT

DEPARTMENT CONTACT

DEPARTMENT CONTACT'S MAILING ADDRESS

PHONE

FAX

E-MAIL

SECTION II – To be completed by HEALTH CARE PROVIDER

NAME OF HEALTH CARE PROVIDER

ADDRESS

PLACE ADDRESS STAMP HERE:

**PLEASE COMPLETE THE FOLLOWING AND RETURN THE FORM TO THE EMPLOYEE
OR TO THE DEPARTMENT CONTACT LISTED ABOVE PRIOR TO THE RETURN TO WORK DATE**

Important: Please limit your answers below to the serious health condition for which the Employee has been on leave.

THE GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 (GINA): The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Is the employee now able to perform those essential functions of his or her job that she could not previously perform because of the serious health condition for which the employee has been on leave?

- No.
 Yes.
 Yes, with restrictions

2. Employee released to return to work effective: _____ *[indicate date]*

3. If the Employee is released to work but is restricted in his or her ability to perform the essential functions of his or her job as a result of the serious health condition for which the employee has been on leave, please describe those restrictions:

4. The foregoing restrictions are:

- Permanent
 Temporary, until: _____ *[indicate date]*

SIGNATURE

SIGNATURE OF HEALTH CARE PROVIDER

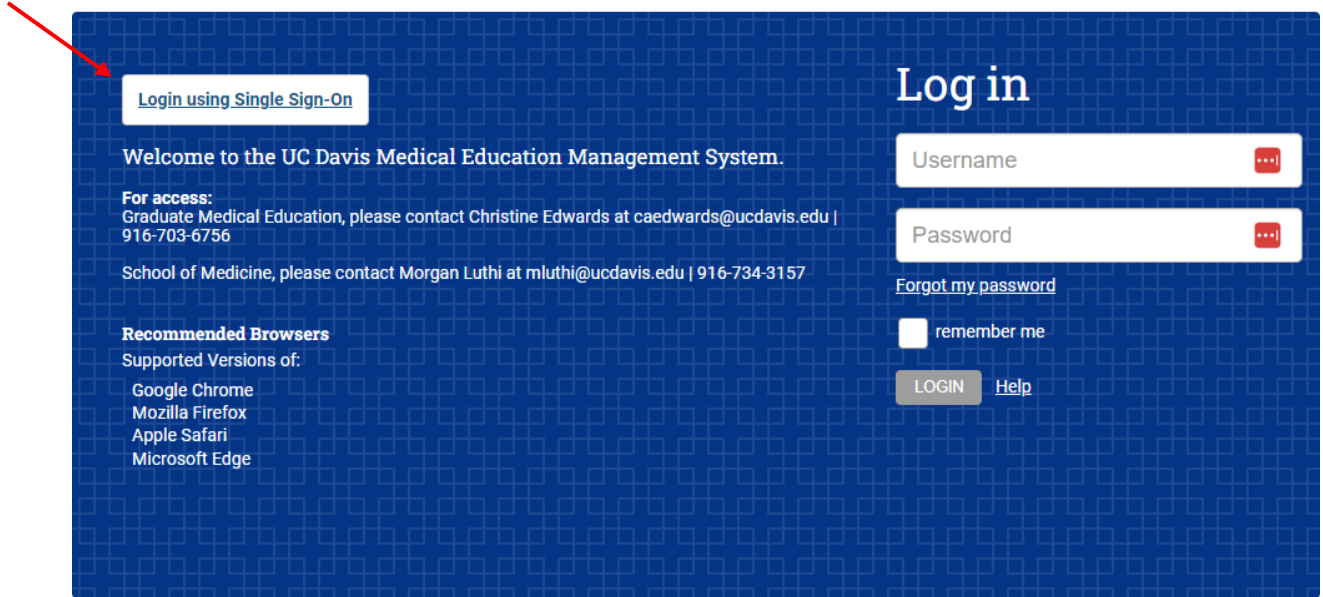
DATE

Dr. Smith

HOW-TO REQUEST AN LOA

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

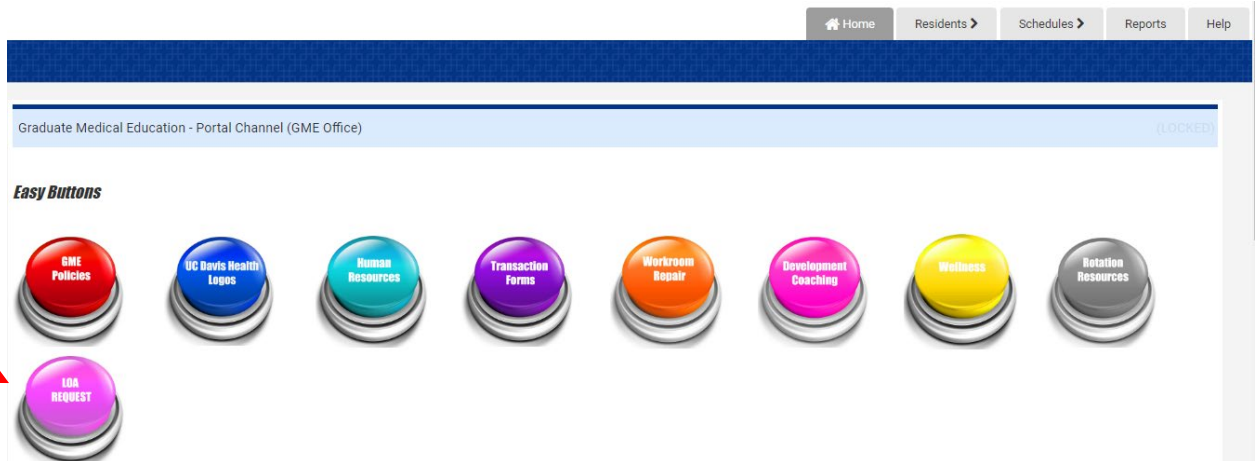
UCDAVIS
HEALTH



medhub

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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.

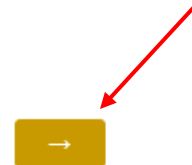
[A Leave of Absence is for absences related to Family Leave, Medical Leave, Personal Leave, Parental Leave and Pregnancy Disability Leave.](#)

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.