**California Family Rights Act (CFRA) Leave Designation Notice**

Employers must designate leave, paid or unpaid, as qualifying leave under the California Family Rights Act (CFRA), based on information provided by the employee or the employee's spokesperson. Employers must also give notice of the designation to the employee. This designation must be provided within five days of the employer having enough information to determine whether the leave is covered by the CFRA.

In order to determine whether leave is covered under the CFRA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy)*

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Employer)*

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Employee)*

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy), w*e received your most recent information to support your need for leave to:

*(Select as appropriate)*

* Care for your own serious health condition;
* Care for a covered family members’ or designated person’s serious health condition;
* Bond with a new child by birth, adoption, or foster placement;
* Address a qualifying exigency related to the covered active duty or call to covered active duty of a spouse, domestic partner, child, or parent in the Armed Forces of the United States.

**We have reviewed information related to your need for leave under the CFRA along with the supporting documentation provided and decided that your CFRA leave request is:**

*(Select as appropriate)*

* **Approved.** All leave taken for this reason will be designated as CFRA leave. Go to Section III for more information.
* **Not Approved:** (Select as appropriate)
  + The CFRA does not apply to your leave request.
  + As of the date the leave is to start, you do not have any CFRA leave available to use.
  + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Additional information** is needed to determine if your leave request qualifies as CFRA leave (go to Section II for the specific information needed).

If your CFRA leave request is approved and no additional information is needed, go to Section III.

**SECTION II – ADDITIONAL INFORMATION NEEDED**

We need additional information to determine whether your leave request qualifies under the CFRA. Once we obtain the additional information requested, we will inform you within five business days if your leave will or will not be designated as CFRA leave and count toward the amount of CFRA leave you have available. Failure to provide the additional information as requested may result in a denial of your CFRA leave request. If you have any questions, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .  
*(Name of employer CFRA representative) (Contact information)*

**Incomplete or Insufficient Certification**

The certification you have provided is incomplete and/or insufficient to determine whether the CFRA applies to your leave request. (Select as applicable)

* The certification provided is incomplete and we are unable to determine whether the CFRA applies to your leave request. “Incomplete” means one or more of the applicable entries on the certification has not been completed.
* The certification provided is insufficient to determine whether the CFRA applies to your leave request. “Insufficient” means the information provided is vague, unclear, ambiguous or non-responsive.   
    
  Specify the information needed to make the certification complete and/or sufficient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must provide the requested information no later than *(provide a reasonable amount of time)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy),* unless it is not practical under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

**Second and Third Opinions**

* We request that you obtain a (ο second / ο third opinion) medical certification at our expense, and we will provide further details at a later time.   
    
  **Note:** The employee or the employee’s family member may be requested to authorize the health care provider to release information pertaining only to the serious health condition at issue.

**SECTION III – CFRA LEAVE APPROVED**

As explained in Section I, your CFRA leave request is approved. All leave taken for this reason will be designated as CFRA leave and will count against the amount of CFRA leave you have available to use in the applicable 12-month period. The CFRA requires that you notify us as soon as practical if the dates of scheduled leave change, are extended, or were initially unknown.

Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against the total amount of CFRA leave you have available to use in the applicable 12-month period:

*(Select as appropriate)*

* Provided there is no change from your anticipated CFRA leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* 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 CFRA 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).   
    
  **Note:** If *(Insert Company Name)* is covered by the federal Family and Medical Leave Act (FMLA) and you are eligible for FMLA leave, the time off may also count against your FMLA entitlement. If so, a separate designation notice will be provided.

Please be advised: *(check all that apply)*

* Some or all of your CFRA leave will not be paid. Any unpaid CFRA leave taken will be designated as CFRA leave and counted against the amount of CFRA leave you have available to use in the applicable 12-month period.
* Based on your request, some or all of your available paid leave (e.g., sick, vacation, PTO) will be used during your CFRA leave. Any paid leave taken for this reason will also be designated as CFRA leave and counted against the amount of CFRA leave you have available to use in the applicable 12-month period.
* We are requiring you to use some or all of your available paid leave (e.g., sick, vacation, PTO) during your CFRA leave. Any paid leave taken for this reason will also be designated as CFRA leave and counted against the amount of CFRA leave you have available to use in the applicable 12-month period.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g., disability insurance, paid family leave from the state, etc.) Any time taken for this reason will also be designated as CFRA leave and counted against the amount of CFRA leave you have available to use in the applicable 12-month period.

**Return-to-work requirements.**

To be restored to work after taking CFRA leave, you (ο will be / ο will not be) required to provide a certification from your health care provider (fitness-for-duty certification) that you are able to resume work. This request for a fitness-for-duty certification is only with regard to the particular serious health condition that caused your need for CFRA leave. If such certification is not timely received, your return to work may be delayed until the certification is provided. A list of the essential functions of your position (ο is / ο is not) attached. If attached, the fitness-for-duty certification must address your ability to perform the essential job functions.