

Pregnancy (FY Faculty)



Comprehensive leave guidance to help you along the way

This pregnancy leaves packet applies ONLY to childbearing 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:

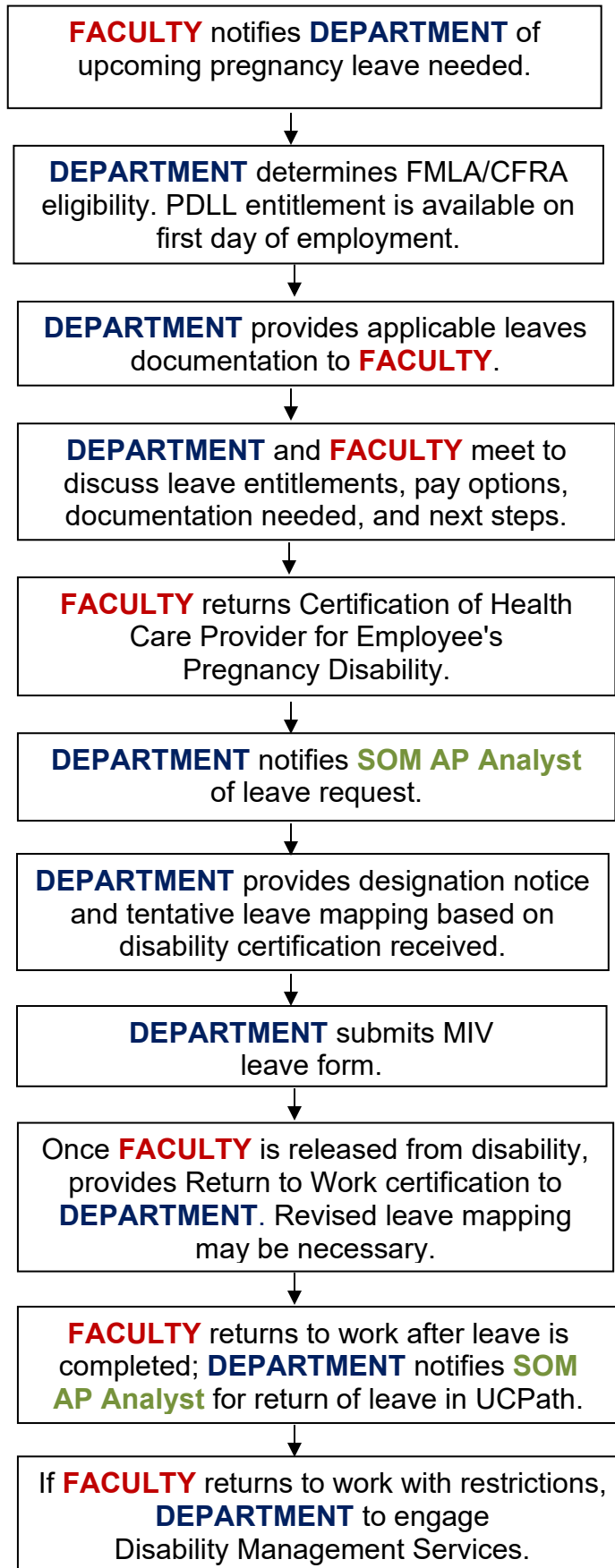
[Where to find your title in UC Path](#)

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).

Pregnancy Leave Process	5
Leave Entitlements	6
Leave Laws	8
Pay Options	9
Forms/Resources	12
Leave Timeline (Faculty)	15
Leave Checklist (Department)	17
Frequently Asked Questions (FAQ)	21
Sample of Completed Medical Documentation (PDLL/FMLA/CFRA)	22
Sample of Completed Medical Documentation (PDLL only)	31
MyInfoVault (MIV) Form Instructions	40
Sample of Completed MIV Leave Form (PDLL/FMLA/CFRA)	44
Sample of Completed MIV Leave Form (PDLL only)	46



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

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.

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. 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.

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.

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 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 	Eligibility requirements: <ol style="list-style-type: none"> 1. 12 mos. cumulative UC service 2. 1250 actual hours worked in the prior 12 mos. Runs concurrently with PDLL for any period of incapacity due to pregnancy or for prenatal care (e.g. see medical conditions listed above).
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 	Eligibility requirements: <ol style="list-style-type: none"> 1. 12 mos. cumulative UC service 2. 1250 actual hours worked in the prior 12 mos. 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.

While the pregnancy disability period (PDLL) is an unpaid entitlement during a pregnancy leave, faculty members may have several options to receive compensation while on leave. The following pay option information applies to Fiscal Year (FY) faculty pregnancy leaves.

Pay Option Benefits for PDLL period:

- **Disability Leave Pay** – The following disability options may be available for partial pay during the Pregnancy Disability period.
 - **Basic Disability** – UC provided benefit for full, mid-level and core benefit employee. The Basic Disability plan covers up to 55% of your eligible monthly earnings to a maximum of \$800 per month up for to 24 weeks.
 - **Voluntary Short-Term Disability (VSTD)** – Employee elected/paid benefit and supplements Basic Disability coverage. VSTD offers 60% of your eligible earnings, with a maximum benefit of \$15,000 per month.

Note, all disability plans have waiting periods that need to be satisfied before they go into effect. Please see [University of California, Guide to UC Disability Benefits](#) for additional information. You may also contact benefits@ucdavis.edu to get additional information on disability pay options including how to file, etc.

- **Vacation Leave Pay** – Faculty may use accrued vacation for full pay to cover any combination of pregnancy disability and/or baby bonding leave. As a reminder, only faculty at 50% or more FTE will accrue time.
- **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.

Pay Option Benefits for CFRA/Bonding period, if eligible:

- **Vacation Leave Pay** – Faculty may use accrued vacation for full pay to cover any combination of pregnancy disability and/or baby bonding leave. As a reminder, only faculty at 50% or more FTE will accrue vacation time.

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.

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.

Additional Information:

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

Health Sciences Compensation Plan Faculty

Please review the applicable leave packet for HSCP members.

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

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

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 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.

- [Certification of Health Care Provider for Employee's Pregnancy Disability Form \(FACULTY\)](#)

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 and Obligations Form.

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

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 \(DEPARTMENT\)](#)

A leave mapping offers the employer and employee a full picture glance of leave entitlements, pay, and anticipated length of leave. 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 \(FACULTY\)](#)

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 stating the employee is able to work, listing any functional limitations that will impact the employee's ability to perform 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).

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, functional limitations, if any, and the date the employee is released to perform their full duties without limitations.

Note: Functional limitations differ from reasonable accommodations. The health care provider must provide the medical limitations that impact the employee's ability to perform their job functions, so the University is able to review those limitations to work with the employee through the interactive process to ascertain appropriate and reasonable accommodation(s) for their medical limitations.

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 must be provided to the employer **at least three (3) days prior** to the employee's first day back at 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 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: Pregnancy Disability (PDLL), Family and Medical (FMLA) and/or California Family Rights Act (CFRA) leaves. However, you will still 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.

DISABILITY

After 90 days of disability during a rolling one year period of time, employees are encouraged to schedule an appointment with UCDH Benefits Office and Disability Management Services to discuss benefit options that may be available to them.

CONTACT INFORMATION

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

UC Davis Health Disability Management Services (DMS):

<https://hr.ucdavis.edu/departments/elr/dms>

Resources:

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

[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 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 & Obligations Form
 - Certification of Health Care Provider 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?**
 - Possible leave entitlements – [PDLL/ FMLA / CFRA \(it is recommended to familiarize yourself with these federal and state entitlements prior to meeting\)](#)
 - Possible pay entitlements – applicable Health Sciences Compensation Plan member benefit (Five days Comp plan benefit, Medical 90/90, Childbearing 90), Disability, 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 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.

- 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)
- (Optional) Enroll in the [Lactation Support Program](#) (Registration Required, prior to child's birth)**
 - When you register, you will be provided with site locations in the form of a PDF and Google maps, on the immediate Thank You response page. Please save or bookmark this page as site locations are not public for health and safety reasons. Registration takes less than five minutes.

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 University of California's "[Adding a family member to your insurance](#)" for guidance. Contact benefits@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.**
- 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 & 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?

- 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 department 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 department 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 department 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 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 medical 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 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 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 the 5-day Comp plan leave pay (fully paid) per calendar year
 - Department should track usage of the Medical 90/90 pay benefit (renews once every 10 years)

- 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
 - Confirm/remind the employee of required Return to Work Certificate need, when applicable.
 - Pregnancy disability
 - Employee's own serious health condition

- Has the department 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 department need to engage Disability Management Services (DMS)?
- Sends email to their dean's office 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 department 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 supervisor and department 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: What are the paid leave benefits for pregnancy leaves and eligibility criteria?

A: During the pregnancy disability period, disability and/or vacation pay, if accruing, will be the primary source of pay while on leave. For the bonding period, PFCB and/or accrued vacation may be applicable, if eligible.

Additional information can be found on the Leave Entitlements: Pregnancy Leaves (FY Faculty) and Pay Options: Pregnancy Leaves (FY Faculty) fact sheets.

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 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: Is it appropriate for an employer to contact an employee while on leave?

A: Depending on the reason for FMLA, it's usually fine to ask a quick question (e.g., about the status of a project or where a file might be), if you can't figure that out otherwise. It's also fine to periodically check in, provide reminders, and/or request medical documentation.

It is not acceptable to reach out to an employee to request they perform any kind of work.

When unsure, reach out to your SOM AP Analyst.

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.

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

March 31, 2023

Employee

Date

From: Chris P. Bacon

University Representative

On March 29, 2023, you informed the University that you needed leave beginning on June 17, 2023 and with an anticipated end date of September 30, 2023 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 ⁶_____ 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** April 15, 2023. 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: Chris P. Bacon **at** 916-555-5555; cbacon@ucdavis.edu

DEPARTMENT SIGNATURE

NAME (PRINT)

Chris P. Bacon

SIGNATURE

Chris P. Bacon

DATE

3/31/23

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 Chris P. Bacon 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 916-555-5551.

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

"ATTENTION: Chris P. Bacon."

SECTION I – To be completed by THE UNIVERSITY

EMPLOYEE'S NAME Marsha Mellow		EMPLOYEE'S JOB TITLE HS Asst. Clinical Professor	
EMPLOYEE'S REGULAR WORK SCHEDULE M-F, 8 to 5 pm; some weekends and on call hours			
NAME OF UNIVERSITY REPRESENTATIVE Chris P. Bacon		UNIVERSITY REPRESENTATIVE MAILING ADDRESS 1111 UC Davis Avenue, Sacramento, CA 95817	
TELEPHONE 916-555-5555	FAX 916-555-5551	E-MAIL cbacon@ucdavis.edu	

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 Dr. Hazel Nutt	
BUSINESS ADDRESS 1515 Sample Street, Sacramento, CA 95817	
TELEPHONE 916-555-5550	FAX 916-555-5554

1. Approximate date the employee became or will become disabled by pregnancy, childbirth or related medical condition:	6/20/2023	
Probable duration of the period(s) of disability:	From 6/20/2023	To 8/11/2023

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>Dr. Hazel Nutt</i>	DATE 6/1/2023

DESIGNATION NOTICE (R12/22)**FAMILY AND MEDICAL LEAVE ACT (FMLA), CALIFORNIA FAMILY RIGHTS ACT (CFRA),
AND CALIFORNIA PREGNANCY DISABILITY LEAVE LAW (PDLL)**To: Marsha MellowDate: April 16, 2023

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 April 15, 2023 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 Servmember'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: 6/17/2023 Anticipated End Date: 8/11/2023 Return to Work Date: 8/12/2023**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 8 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)

Chris P. Bacon

SIGNATURE

Chris P. Bacon

DATE

4/16/23

2023

ENTITLEMENTS:

PDLL 6/17/23- 8/11/23*

Unprotected Leave 8/12/23-9/30/23

*PDLL period assumes 2 weeks before/6 weeks after baby DOB

PAY OPTIONS:

Childbearing Comp Plan Pay (90 days at full salary)

6/17/23 - 9/14/23

Vacation 9/15/23 - 9/30/23

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				

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: June 17 (2 weeks early)

Anticipated DOB: July 1

Return date: October 1

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)

Marsha Mellow

EMPLOYEE'S DEPARTMENT

Fire Department

DEPARTMENT CONTACT

Chris P. Bacon

DEPARTMENT CONTACT'S MAILING ADDRESS

1111 UC Davis Avenue, Sacramento, CA 95817

PHONE

916-555-5555

FAX

916-555-5551

E-MAIL

cbacon@ucdavis.edu

SECTION II – To be completed by HEALTH CARE PROVIDER

NAME OF HEALTH CARE PROVIDER

Dr. Hazel Nutt, UC Davis Health

ADDRESS

1515 Sample Street, Sacramento, CA 95817

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: 8/12/23 [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

Dr. Hazel Nutt

DATE

8/9/23

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: Marsha Mellow

March 31, 2023

Employee

Date

From: Chris P. Bacon

University Representative

On March 29, 2023, you informed the University that you needed leave beginning on June 17, 2023 and with an anticipated end date of October 31 2023 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** April 15, 2023. 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: Chris P. Bacon at 916-555-5555; cbacon@ucdavis.edu

DEPARTMENT SIGNATURE

NAME (PRINT)

Chris P. Bacon

SIGNATURE

Chris P. Bacon

DATE

3/31/23

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 Chris P. Bacon 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 916-555-5551.

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

"ATTENTION: Chris P. Bacon."

SECTION I – To be completed by THE UNIVERSITY

EMPLOYEE'S NAME Marsha Mellow		EMPLOYEE'S JOB TITLE HS Asst. Clinical Professor	
EMPLOYEE'S REGULAR WORK SCHEDULE M-F, 8 to 5 pm; some weekends and on call hours			
NAME OF UNIVERSITY REPRESENTATIVE Chris P. Bacon		UNIVERSITY REPRESENTATIVE MAILING ADDRESS 1111 UC Davis Avenue, Sacramento, CA 95817	
TELEPHONE 916-555-5555	FAX 916-555-5551	E-MAIL cbacon@ucdavis.edu	

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 Dr. Hazel Nutt	
BUSINESS ADDRESS 1515 Sample Street, Sacramento, CA 95817	
TELEPHONE 916-555-5550	FAX 916-555-5554

1. Approximate date the employee became or will become disabled by pregnancy, childbirth or related medical condition:	6/20/2023	
Probable duration of the period(s) of disability:	From 6/20/2023	To 8/11/2023

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>Dr. Hazel Nutt</i>	DATE 6/1/2023

DESIGNATION NOTICE (R12/22)**FAMILY AND MEDICAL LEAVE ACT (FMLA), CALIFORNIA FAMILY RIGHTS ACT (CFRA),
AND CALIFORNIA PREGNANCY DISABILITY LEAVE LAW (PDLL)**To: Marsha MellowDate: April 16, 2023

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 April 15, 2023 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 Servmember'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: 6/17/2023 Anticipated End Date: 11/3/2023 Return to Work Date: 11/4/2023**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 12 Weeks _____ Days _____ Hours.
- CFRA 12 Weeks _____ Days _____ Hours.
- PDLL 8 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)

Chris P. Bacon

SIGNATURE

Chris P. Bacon

DATE

4/16/23

ENTITLEMENTS:

PDLL 6/17/23- 8/11/23 *
 FMLA 6/17/23 - 9/8/23
 CFRA 8/12/23 - 11/3/23 **
 *PDLL period assumes 2 weeks before/6 weeks after baby DOB
 **subject to change based on final PDLL period

2023

PAY OPTIONS:

Childbearing Comp Plan Pay (90 days at full salary)
 6/17/23 - 9/14/23
 Vacation 9/15/23 - 10/26/23
 Leave without pay 10/27/23 - 11/3/23

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				

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: June 20 (2 weeks early)

Anticipated DOB: July 1

Return date: November 4

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)

Marsha Mellow

EMPLOYEE'S DEPARTMENT

Fire Department

DEPARTMENT CONTACT

Chris P. Bacon

DEPARTMENT CONTACT'S MAILING ADDRESS

1111 UC Davis Avenue, Sacramento, CA 95817

PHONE

916-555-5555

FAX

916-555-5551

E-MAIL

cbacon@ucdavis.edu

SECTION II – To be completed by HEALTH CARE PROVIDER

NAME OF HEALTH CARE PROVIDER

Dr. Hazel Nutt, UC Davis Health

ADDRESS

1515 Sample Street, Sacramento, CA 95817

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: 8/12/23 [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

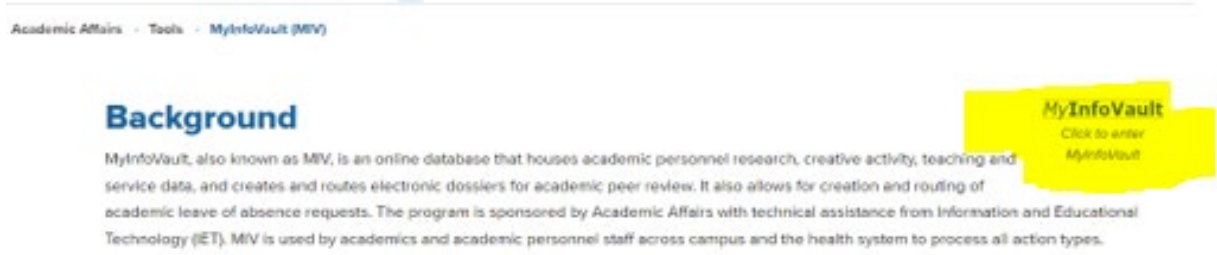
Dr. Hazel Nutt

DATE

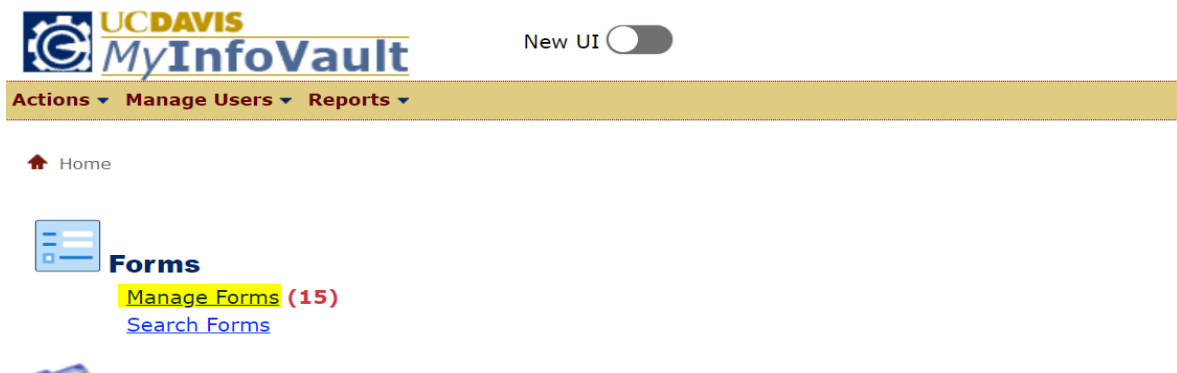
8/9/23

Instructions: How to submit an FMLA/CFRA/PDLL eligible pregnancy leave form in MIV (one form)

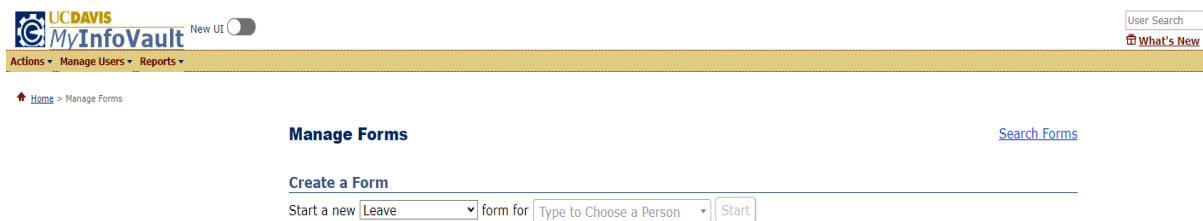
1. Log into My Info Vault (MIV), <https://myinfovault.ucdavis.edu>.



2. Select "Manage Forms"



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



4. Select type of leave "Personal Illness" and leave type "Childbearing Leave"

What kind of leave are you requesting?	Please select the leave type
<input type="text" value="Personal Illness"/>	<input type="text" value="Childbearing Leave"/>

5. Select designation as “FMLA/CFRA/PDLL”

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

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 Pay Period Begin and End Date (leave dates), 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 anticipated birth/foster/adoption date
- 13. Enter "Childbearing 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 medical certification completed by health care provided)

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 PDLL (only) faculty member.

Childbearing Leave

First name Last name

Employee ID: 10200000

[View form as PDF](#)

Leave Type: Childbearing Leave

PPS Leave Type: Personal

FMLA/CFRA/PDLL Status: PDLL

FMLA/CFRA paperwork filed? Yes

Pay Status: Paid — Block
Full Pay

Proposed salary distribution for applicants in the medical school compensation plan: The faculty member will receive the following pay during their leave: Childbearing 90 pay for full pay from 6/17-9/14/23, and vacation pay for full pay from 9/15-9/30/23.

Other Income: None

Pay Period Begin Date: 06/17/2023 **Pay Period End Date:** 09/30/2023

Pay Period Return Date: 10/01/2023

Service Period Begin Date: 06/17/2023 **Service Period End Date:** 09/30/2023

Is this leave an extension of a previous leave? No

Anticipated birth, foster, or adoption date: 07/01/2023

Purpose of leave: Childbearing Leave

Leave documentation:

Is applicant a Principal Investigator? No

How will applicant's work be covered during the leave? Clinical Gen Pool Coverage

Distribution of applicant's classes if leave is granted: N/A

Additional Comments: Leave entitlements as follows:
(•) 06/17/2023 – 08/11/2023 = PDLL
(•) 08/12/2023 – 9/30/2023 = Unprotected Leave
Returning 10/01/2023

This form has been archived, and can no longer be edited or returned.

SAMPLE: This document was created for a PDLL/FMLA/CFRA eligible faculty member.

Childbearing Leave

First name Last name
Employee ID: 10200000

[View form as PDF](#)

Leave Type:	Childbearing Leave
PPS Leave Type:	Personal
FMLA/CFRA/PDLL Status:	FMLA/CFRA/PDLL
FMLA/CFRA paperwork filed?	Yes

Pay Status:	Paid — Block Full Pay
Proposed salary distribution for applicants in the medical school compensation plan:	The faculty member will receive the following pay during their leave: Childbearing 90 pay for full pay from 6/17-9/14/23, vacation pay for full pay from 9/15-10/26/23, and leave without pay from 10/27-11/3/23.
Other Income:	None

Pay Period Begin Date:	06/17/2023	Pay Period End Date:	11/03/2023
		Pay Period Return Date:	11/04/2023
Service Period Begin Date:	06/17/2023	Service Period End Date:	11/03/2023
Is this leave an extension of a previous leave?	No		

Anticipated birth, foster, or adoption date:	07/01/2023
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Purpose of leave:	Childbearing Leave
Leave documentation:	

Is applicant a Principal Investigator?	No
---	----

How will applicant's work be covered during the leave?	Clinical Gen Pool Coverage
Distribution of applicant's classes if leave is granted:	N/A

Additional Comments:	Leave entitlements as follows: (•) 06/17/2023 – 08/11/2023 = PDLL (•) 06/17/2023 – 09/08/2023 = FMLA (•) 08/12/2023 – 11/03/2023 = CFRA Returning 11/04/2023
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This form has been archived, and can no longer be edited or returned.