

Pregnancy Leave (HCOMP Faculty)



Comprehensive leave guidance to help you along the way

This pregnancy leaves packet applies ONLY to childbearing faculty in the following Health Sciences Compensation Plan titles:

Assistant/Associate/Full Professor (Ladder)

Title codes: 001717, 001719, 001721

ASST PROF-HCOMP

ASSOC PROF-HCOMP

PROF-HCOMP

Assistant/Associate/Full Professor In Residence

Title codes: 001724, 001725, 001726

ASST PROF IN RES-HCOMP

ASSOC PROF IN RES-HCOMP

PROF IN RES-HCOMP

Assistant/Associate/Full Professor of Clinical X

Title Codes: 001455, 001454, 001453

ASST PROF OF CLIN-HCOMP

ASSOC PROF OF CLIN-HCOMP

PROF OF CLIN-HCOMP

Instructor/Assistant/Associate/Full Health Sciences Clinical Professor

Title Codes: 001731, 001732, 001733, 001734

HS CLIN INSTR-HCOMP (SON only)

HS ASST CLIN PROF-HCOMP

HS ASSOC CLIN PROF-HCOMP

HS CLIN PROF-HCOMP

Assistant/Associate/Full Adjunct Professor

Title Codes: 001728, 001729, 001730

ASST ADJ PROF-HCOMP

ASSOC ADJ PROF-HCOMP

ADJ PROF-HCOMP

Note: These are the primary UC Davis Schools of Health title/title codes used. For a full list of Health Sciences Compensation Plan membership eligible titles, please review

[APM 670-14.a.](#)

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

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

PLEASE READ

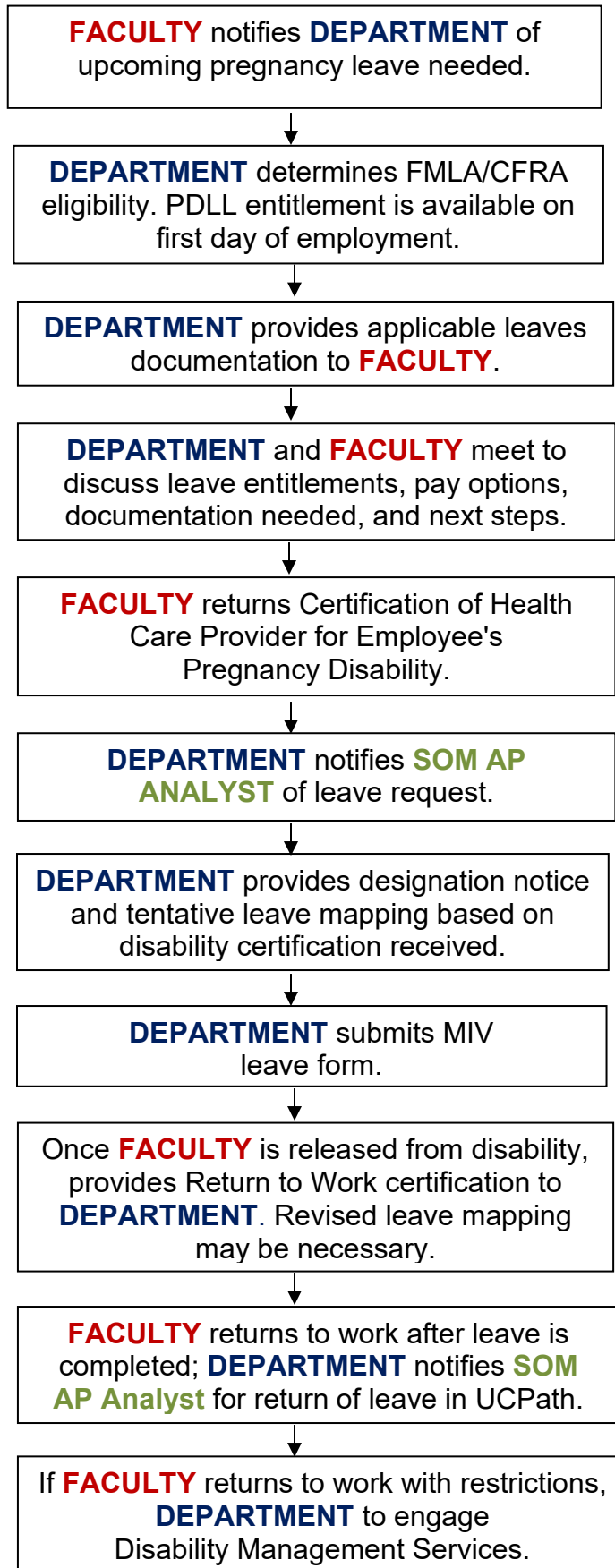
FAMILY AND MEDICAL LEAVE (FML) IS JOB PROTECTION, NOT PAY.

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

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Pregnancy Leave Process



Leave Entitlements: Pregnancy

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

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

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

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

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

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

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

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

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

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

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

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

Additional information:

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

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

- A “rolling 12-month period” will be used to calculate hours worked in determining if an employee is eligible for an FMLA/CFRA leave.
- FMLA/CFRA eligibility is re-calculated at the start of every calendar year, which includes FMLA/CFRA leaves in process. This means, for leaves that cross calendar years, eligibility is checked twice: 1) once for the 12 months immediately preceding the commencement of the leave (for the current year benefit), and then again for the 12 months immediately preceding the start of the new calendar year (for the new year benefit).
- 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.

Protected Sick Leave:

- **Protected Sick Leave-** provides eligible academic employees with a bank of six (6) days of paid, job-protected leave per calendar year. This benefit is to be used in whole “day” increments proportionate to faculty’s appointment percentage, with 100% time equating to 8 hours, and resets January 1st each year.

An academic employee’s paid sick leave bank is protected paid sick leave, prohibiting any form of retaliation or discrimination for its use, if the employee uses the days for any

of the purposes specified below and complies with proper notice requirements.

Employees may use protected paid sick leave for the diagnosis, care, or treatment of an existing physical or mental health condition of an employee or an employee's family member; preventive care for an employee or an employee's family member; or, for an employee who is a victim of domestic violence, sexual assault, or stalking.

Eligibility – available with an appointment of at least thirty (30) calendar days in a calendar year. The bank will be credited and available for use on the next working day following the first month pay cycle.

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

Leave Laws

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

Type of Leave	Duration	Benefit	Eligibility Requirements and Use
Pregnancy Disability Leave Laws (PDLL)	Up to 4-months	<ul style="list-style-type: none"> • Job protected leave • Eligible for benefit continuation of employer contribution for medical/dental/vision 	Childbearing employees 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 	<p>Eligibility requirements:</p> <ol style="list-style-type: none"> 1. 12 mos. cumulative UC service 2. 1250 actual hours worked in the prior 12 mos. <p>Runs concurrently with PDLL for any period of incapacity due to pregnancy or for prenatal care (e.g. see medical conditions listed above).</p>
California Family Rights Act (CFRA)	Up to 12-weeks per pregnancy	<ul style="list-style-type: none"> • Job protected leave • Eligible for benefit continuation of employer contribution for medical/dental/vision 	<p>Eligibility requirements:</p> <ol style="list-style-type: none"> 1. 12 mos. cumulative UC service 2. 1250 actual hours worked in the prior 12 mos. <p>If employee is eligible for FMLA at the time of their leave, they will be eligible for an additional 12 weeks of protected leave to bond with the child as long as at least one day of bonding leave is taking after PDLL has ended. Leave must occur within 1-year of the birth of the child.</p>

While the pregnancy disability period (PDLL/FMLA) and baby bonding time (CFRA) are unpaid entitlements during a pregnancy leave, faculty members may have several options to receive compensation while on leave. The following pay option information applies to Health Sciences Compensation Plan (HCOMP) member faculty pregnancy leaves.

Health Sciences Compensation Plan Member Benefits:

- **Childbearing 90 Days Leave Pay Benefit** (Childbearing 90 pay) – provides 90 consecutive days of full pay per pregnancy for applicable Health Sciences Compensation Plan members only, to be used with Pregnancy Disability Leave (PDLL).

The Childbearing 90 pay benefit consists of 90 days at the faculty member's total negotiated salary rate (X, X' + Y) prorated based on appointment percent at the time of leave (excluding clinical incentives and bonuses). During this period, no duties shall be required by the University. The period of covered compensation runs concurrently with state and federal leave protections.

Typically, the paid leave benefit is applied in one block of 90 consecutive calendar days. However, if medically necessary, the childbearing leave may be taken in intermittent periods. Faculty members should consult with their department's Academic Personnel (AP) analyst to determine eligibility and to discuss documentation required for intermittent leave.

If the period of temporary disability related to pregnancy, childbirth, or related medical condition lasts less than 90 days, the remaining period of the paid Childbearing 90 pay benefit (for a leave in progress), may be used for bonding, up to a maximum period of 90 days.

Eligibility – available upon hire; granted to a faculty member, who is a member of the UC Davis Health Sciences Compensation Plan and has been certified by a health care provider that they are unable to work because of pregnancy, childbirth, recovery, and/or related medical conditions. The Childbearing 90 pay benefit is per occurrence, available on the faculty member's first day of employment and is provided for the period before, during, and after childbirth.

Additional Information:

The Childbearing 90 pay benefit is intended to substitute other benefits with partial pay, as it is the greater benefit, and therefore may not be taken in conjunction with short-term disability or Pay for Family Care and Bonding (PFCB). When using the Childbearing 90 pay benefit, the faculty's benefit will be decremented, and the PFCB benefit will also be decremented for the calendar year.

The Childbearing 90 pay benefit is not available to non-birthing HCOMP spouses/partners or non-birth parents (including in cases of foster, surrogacy, adoption). Leave pay benefits for these faculty are fully described in the Childrearing/Parental Leave HCOMP packet.

- **Medical 90/90 Leave Pay Benefit** (Medical 90/90 pay benefit) – although rarely applicable, the Medical 90/90 pay benefit may be used during a complicated pregnancy, and provides up to 90 days of full pay and 90 days of partial pay for personal illness for applicable Health Sciences Compensation Plan members only. **NOTE: The Medical 90/90 pay benefit may be used for extended pregnancy disability periods, in which a faculty member is placed on leave earlier than four (4) weeks prior to their expected delivery date due to their own serious health condition.**

The Medical 90/90 pay benefit consists of 90 days of full pay (X, X' + Y) and 90 days of partial pay (total base, X + X' only) at the faculty member's total negotiated salary rate, prorated based on appointment percent at the time of leave (excluding clinical incentives and bonuses). During this period, no duties shall be required by the University.

The Medical 90/90 pay benefit may be applied as block pay, consecutive calendar days (includes weekends and holidays) or used intermittently. For intermittent pay, faculty members should consult with their department's Academic Personnel analyst to determine eligibility, and discuss the documentation required and hours tracking necessary for intermittent leave. Note, intermittent leave is calculated and tracked on an hourly basis and will be applied to this pay benefit as applicable.

Eligibility – available upon hire; granted to a faculty member who is a member of a UC Davis Health Sciences Compensation. Use of the Medical 90/90 pay benefit requires medical certification placing the faculty member on an ongoing or intermittent leave.

Additional Information:

THE MEDICAL 90/90 PAY BENEFIT IS AVAILABLE ONCE EVERY TEN-YEAR PERIOD, WHILE IN A COMPENSATION-PLAN-ELIGIBLE-TITLE. The start of the 10-year period for the Medical 90/90 pay benefit begins on the faculty member's first day of employment as an HSCP member, and resets on their 10-year anniversary. Note: Appendix A of the Health Sciences Compensation Plan clarifies that HSCP faculty members are eligible for a maximum of 6 months of salary replacement in a "rolling" one-year period (one year immediately preceding the date of leave).

The Medical 90/90 pay benefit is intended to bridge the gap between the 180 day waiting period for voluntary long-term disability but can be used for shorter unrelated illnesses as well. Faculty may use this benefit consecutively with Disability benefits (which afford partial pay), accrued vacation time, and any FMLA/CFRA unpaid leave to cover any long-term personal illness.

Other Pay Option Benefits:

- **Vacation Leave Pay** – Faculty may use accrued vacation for full pay to cover any combination of pregnancy disability and baby bonding leave not covered by the Childbearing 90 pay benefit.
- **Sick Leave Pay** – As of January 1, 2025, faculty may use their bank of six (6) days of paid sick leave per calendar year (resets January 1st) to cover any combination of pregnancy disability and baby bonding leave not covered by the Childbearing 90 pay benefit. This leave is to be used in whole “day” increments corresponding to faculty’s appointment percentage, with 100% time equating to 8 hours.
- **Disability Leave Pay** – While disability pay is an option for the Pregnancy Disability period, the Childbearing 90 pay benefit provides a greater benefit to the faculty member, and therefore would not normally be used. An exception to this normal practice might be if there is an extended PDLL period, lasting longer than the covered 90-day period. Disability benefits may not be taken in conjunction with the Childbearing 90 pay benefit.
 - **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.

Additional Information:

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

Non-Health Sciences Compensation Plan Faculty

Please review the applicable leave packet for non-HSCP members.

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

- [Notice of Eligibility and Rights and Obligations Form \(DEPARTMENT\)](#)
When an employee first requests a leave for a reason that may qualify for FMLA/CFRA 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 pay status, all UC-sponsored benefits continue.

If you are off UCpay 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](#)

[APM- 710 Leaves of Absence/Paid Sick Leave/Paid Medical Leave](#)

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 and 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 (Sick leave, 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 and Obligations form?

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

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

☐ Has the department submitted the leave request in MIV?

☐ Does the department need to track this leave?

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

☐ Is the employee's leave ending soon?

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

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

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

DETAILED

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

- 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 and 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 (Sick leave, 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 and Obligations form?

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

A: The HSCP paid leave benefits include the Childbearing 90 Days Leave Pay Benefit, and in rare cases, the Medical 90/90 Leave Pay Benefit. Both paid leave benefits are available upon hire, granted to a faculty member who is a member of the UC Davis Health Sciences Compensation Plan, and has been certified by a health care provider that they are unable to work because of a serious health condition.

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

Q: How does the new APM-710 faculty sick leave entitlement affect my previous 5-day comp plan leave benefit?

A: UC Davis Health Sciences Compensation Plan faculty have had five days of sick leave which could only be used to care for family members. The change to APM-710 will be incorporated into the Comp Plan, increasing both the amount of leave available (six days instead of five) and broadening the scope so you may use this leave either for your own illness or to care for a family member. Also, this leave is “protected,” meaning the University cannot take an adverse action against a faculty member who utilizes the leave appropriately.

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 FML, 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.

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, 2025

Employee

Date

From: Chris P. Bacon

University Representative

On March 28, 2025, you informed the University that you needed leave beginning on June 16, 2025 and with an anticipated end date of October 31, 2025 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, 2025.** 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

3/31/25

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 their 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 am 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 their 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 Filbert 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:

6/16/2025

Probable duration of the period(s) of disability:

From
6/16/25

To
8/10/25

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 their job functions.

(a) Is the employee unable to perform one or more of the essential functions of the employee's position or cannot perform any of these functions without undue risk to the employee, to the successful completion of the employee's pregnancy, or to others?

☒ Yes
☐ No

(b) If the employee is able to perform one or more of the essential functions of their position without undue risk to the employee, to the successful completion of the employee's pregnancy, or to others, 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 their pregnancy or childbirth?

☐ Yes
☒ No

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

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

From

To

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

☐ Yes
☒ No

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

Employee should work no more than:

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

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

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

SIGNATURE

SIGNATURE OF HEALTH CARE PROVIDER

Dr. Hazel Nutt

DATE

5/23/25

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: May 27, 2025

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 May 23, 2025 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 Serv☐member'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: 6/16/25 Anticipated End Date: 11/2/25 Return to Work Date: 11/3/25**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

5/27/25

ENTITLEMENTS:

PDLL 6/16/25 - 8/10/25 *

FMLA 6/16/25 - 9/7/25

CFRA 8/11/25 - 11/2/25 **

SICK 9/14/25 - 9/22/25

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

**subject to change based on final PDLL period

2025

PAY OPTIONS:

Childbearing Comp Plan Pay (90 days at full salary)

6/16/25 - 9/13/25

Sick 9/14/25 - 9/22/25

Vacation 9/23/25 - 10/24/25

Leave without pay 10/25/25 - 11/2/25

January						
S	M	T	W	T	F	S
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
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February						
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March						
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23	24	25	26	27	28	29
30	31					

April						
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27	28	29	30			

May						
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25	26	27	28	29	30	31

June						
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29	30					

July						
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27	28	29	30	31		

August						
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24	25	26	27	28	29	30
31						

September						
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28	29	30				

October						
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November						
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30						

December						
S	M	T	W	T	F	S
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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 16 (2 weeks early)

Anticipated DOB: June 30

Return date: November 3

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 Filbert 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 their job that they 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: 8/11/25 [indicate date]

3. If the Employee is released to work but is restricted in their ability to perform the essential functions of their 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

8/4/25

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, 2025

Employee

Date

From: Chris P. Bacon

University Representative

On March 28, 2025, you informed the University that you needed leave beginning on June 16, 2025 and with an anticipated end date of October 31, 2025 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, 2025.** 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

3/31/25

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 their 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 am 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 their 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 Filbert 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:

6/16/2025

Probable duration of the period(s) of disability:

From
6/16/25

To
8/10/25

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 their job functions.

(a) Is the employee unable to perform one or more of the essential functions of the employee's position or cannot perform any of these functions without undue risk to the employee, to the successful completion of the employee's pregnancy, or to others?

☒ Yes
☐ No

(b) If the employee is able to perform one or more of the essential functions of their position without undue risk to the employee, to the successful completion of the employee's pregnancy, or to others, 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 their pregnancy or childbirth?

☐ Yes
☒ No

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

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

From

To

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

☐ Yes
☒ No

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

Employee should work no more than:

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

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

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

SIGNATURE

SIGNATURE OF HEALTH CARE PROVIDER

Dr. Hazel Nutt

DATE

5/23/25

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: May 27, 2025

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 May 23, 2025 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 Serv☐member'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: 6/16/25 Anticipated End Date: 8/10/25 Return to Work Date: 8/11/25**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

5/27/25

ENTITLEMENTS:

PDL 6/16/25 - 8/10/25 *

Protected Sick 9/14/25 - 9/22/25

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

2025

PAY OPTIONS:

Childbearing Comp Plan Pay (90 days at full salary)

6/16/25 - 9/13/25

Sick 9/14/25-9/22/25

Vacation 9/23/25 - 9/30/25

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 16 (2 weeks early)

Anticipated DOB: June 30

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 Filbert 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 their job that they 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: 8/11/25 [indicate date]

3. If the Employee is released to work but is restricted in their ability to perform the essential functions of their 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

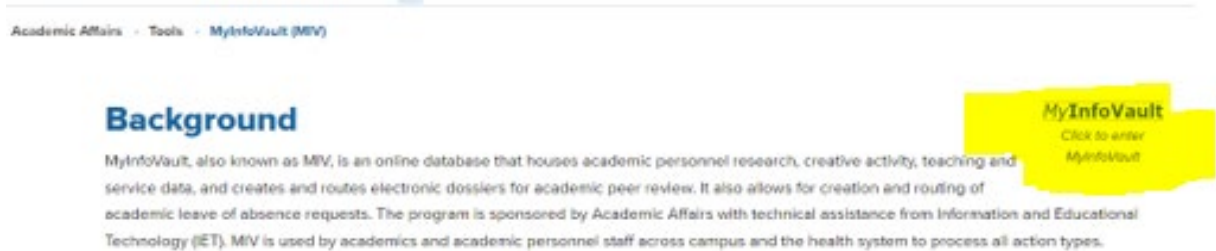
Dr. Hazel Nutt

DATE

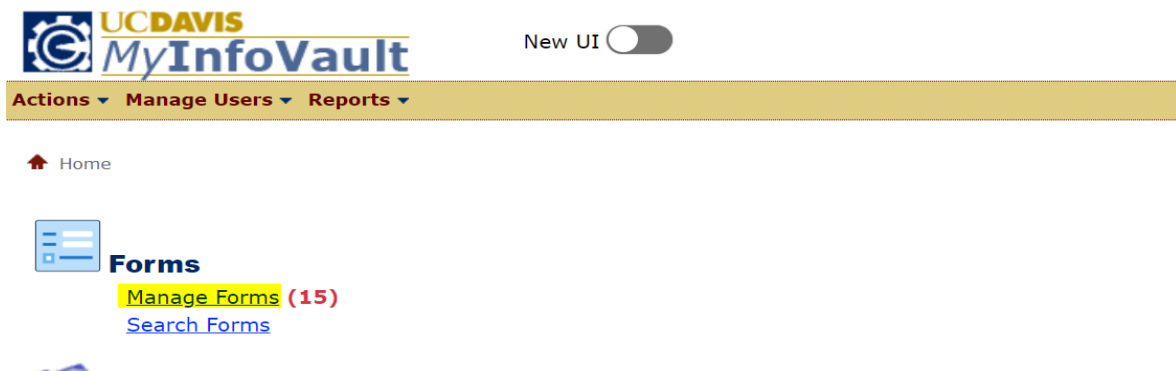
8/4/25

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

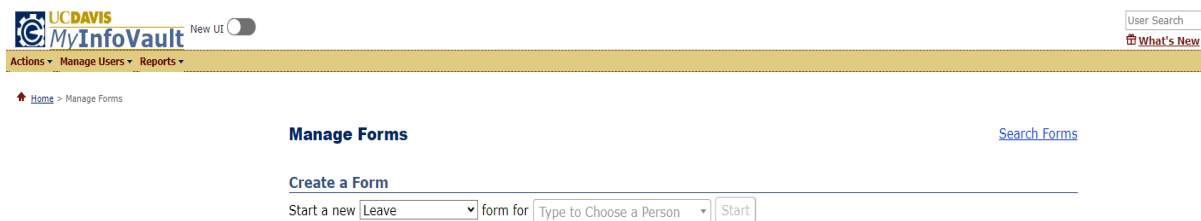
1. Log into My Info Vault (MIV), <https://myinfovault.ucdavis.edu>.



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.**

Edit Leave

SAMPLE: These documents were created for a PDLL/FMLA/CFRA faculty member.

First name Last name

Employee ID: 10200000

What kind of leave are you requesting?

Parental Leave

Please select the leave type

Childbearing Leave

Select the designation for this leave

FMLA/CFRA/PDLLnone

Will this be a Paid or Unpaid leave?

PaidUnpaid

as

BlockIntermittent/Reduced Schedule

Is the pay full or partial salary?

FullPartial

Is the applicant part of the medical school compensation plan?

YesNo

Proposed salary distribution while on leave

The faculty member will receive the following pay during their leave for full salary: Childbearing 90 pay from 6/16-9/13/25, Sick pay from 9/14-9/22/25, and vacation pay from 9/23-10/24/25.

Will you receive other sources of income while on leave?

YesNo

Pay Period Begin Date

06/16/2025

Pay Period End Date

10/24/2025

Pay Period Return Date

10/25/2025

Service Period Begin Date

06/16/2025

Service Period End Date

10/24/2025

Is this an extension of a previous leave?

YesNo


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

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.

Childbearing leave

Please upload your Leave Documentation



Drag and drop a file here or click

Are you a Principal Investigator?

Yes

No

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

Clinical Gen Pool Coverage

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

N/A

I certify that the FMLA/CFRA/PDLL paperwork has been properly filed in the department.
☒ Acknowledged by Chris P Bacon

Additional Comments

Protected leave entitlements as follows:
PDLL: 6/16/25 - 8/10/25
FMLA: 6/16/25 - 9/7/25
CFRA: 8/11/25 - 10/24/25
SICK: 9/14/25 - 9/22/25
Note: Remaining CFRA, 10/25/25 - 11/2/25, will be entered on separate MIV leave form due to unpaid status.

Save Draft

Exit Without Saving

Submit and Request Applicant Signature

Edit Leave

First name Last name

Employee ID: 10210968

What kind of leave are you requesting?

Parental Leave

Please select the leave type

Parental Bonding

Select the designation for this leave

FMLA

CFRA

FMLA/CFRA

none

Will this be a Paid or Unpaid leave?

Paid

Unpaid

as

Block

Intermittent/Reduced Schedule

Is the applicant part of the medical school compensation plan?

Yes

No

Proposed salary distribution while on leave

Unpaid.

Will you receive other sources of income while on leave?

Yes

No

Pay Period Begin Date

10/25/2025

Pay Period End Date

11/02/2025

Pay Period Return Date

11/03/2025

Service Period Begin Date

10/25/2025

Service Period End Date

11/02/2025

Is this an extension of a previous leave?

Yes

No

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


06/30/2025

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

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

Parental bonding

Please upload your Leave Documentation



Drag and drop a file here or click

Are you a Principal Investigator?

YesNo

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

Clinical Gen Pool Coverage

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

N/A

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

☒ Acknowledged by Chris P Bacon

Additional Comments

Protected leave entitlements as follows:
CFRA: 10/25/25 - 11/2/25 (CFRA now exhausted)

Save Draft

Exit Without Saving

Submit and Request Applicant Signature

Edit Leave

SAMPLE: This document was created for a PDLL (only) faculty member.

First name Last name

Employee ID: 10200000

What kind of leave are you requesting?

50

Parental Leave

▼

Please select the leave type

Pregnancy Disability

▼

Select the designation for this leave

FMLA/PDLL

PDLL

Will this be a Paid or Unpaid leave?

Paid

Unpaid

 as

Block

Intermittent/Reduced Schedule

Is the pay full or partial salary?

Full

Partial

Is the applicant part of the medical school compensation plan?

Yes

No

Proposed salary distribution while on leave

The faculty member will receive the following pay during their leave for full salary: Childbearing 90 pay from 6/16-9/13/25, sick pay from 9/14-9/22/25, and vacation pay from 9/23-9/30/25.

Will you receive other sources of income while on leave?

Yes

No

Pay Period Begin Date

06/16/2025

Pay Period End Date

09/30/2025

Pay Period Return Date

10/01/2025

Service Period Begin Date

06/16/2025

Service Period End Date

09/30/2025

Is this an extension of a previous leave?

Yes

No

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


06/30/2025

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.

Pregnancy disability

Please upload your Leave Documentation



Drag and drop a file here or click

Are you a Principal Investigator? Yes No

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

Clinical Gen Pool Coverage

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

N/A

I certify that the FMLA/CFRA/PDLL paperwork has been properly filed in the department.
☒ Acknowledged by Chris P Bacon

Additional Comments

Leave entitlements as follows:
PDLL: 6/16/25 - 8/10/25
Protected Sick: 9/14/25 - 9/22/25

Note: Faculty not eligible for FMLA/CFRA during leave period.

Save Draft

Exit Without Saving

Submit and Request Applicant Signature