

Leave of Absence Checklist for Employers with 49 or Fewer Employees in California

Employee Information

- Employee Name: _____
- Date: _____

Eligibility Criteria

General Questions

- Do you employ 5 or more employees?
 - Yes
 - No

Employee Leave Requests

- Employee is requesting time off due to a pregnancy-related condition.
 - Yes
 - No
- Employee requests time off due to another medical condition and has worked for 12 months or 1,250 hours in the previous 12 months (does not apply to PDL).
 - Yes
 - No

All Leaves

Required Actions

- Change of Status Form: Employer and Employee must complete.
- **DE 2515** – State Disability Insurance Pamphlet: Employer provides to employee.
- **DE 2511** - Paid Family Leave Pamphlet: Employer provides to employee.
- The employee participates in health care coverage. Provide information to employees when payments are required. Ask the benefits broker to send a standard letter.
- Begin tracking system for time off on a calendar, Excel spreadsheet, Payroll system, etc. Use the change of status form start date.

Pregnancy Disability Leave (PDL) (5 or More Employees)

Eligibility

- An employee is eligible for PDL if the company has 5 or more employees. When an employee has used all their PDL for pregnancy or related medical conditions, they may be eligible for additional leave under CFRA to care for their newborn and baby bonding.

PDL Process

- **Certification Health Care Provider for PDL and/or Reasonable Accommodation:**
 - Date Provided: _____
- **Pregnancy Disability Leave Poster/Notice – DFEH:** Provided to employee.
- **Employee requests to use PTO or Sick Leave:**
 - Number of PTO hours _____
 - Number of Sick Leave hours _____
- Calculate coordination of benefits so the employee does not receive more than their regular pay.

Medical Leave – California Family Rights Act (CFRA) (5 or More Employees)

Eligibility

- CFRA covers California employers with 5 or more employees. Employees are eligible for CFRA if they have worked for the company for 12 months and at least 1,250 hours in the previous 12 months.

CFRA Process

- **CFRA Only Notice of Eligibility and Rights and Responsibilities (Designation Form):**
 - Must be provided within 5 days of notice from the employee.

Return to Work

Required Actions

- Change of Status Form with “return to work” date _____
- Extension date with expected “return to work” date _____
- Request for Baby Bonding – Provide CFRA paperwork
 - Date baby bonding began _____
- Employee provides “release to return to work” from doctor:
 - Date _____

Reminder

- Every transaction requires a change of status form.
- An employee may be eligible for a job-protected medical leave of absence for their medical condition under the provisions of FEHA (Fair Employment Housing Act) or the ADA (Americans with Disabilities Act).



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