



May 25, 2011

Family and Medical Leave Policy

I. Purpose

The purpose of this policy is to provide City of Petaluma employees with information about the federal and state laws and City rules and agreements that govern family and medical leaves of absence. The information in this policy describes eligibility requirements for family and medical leave, the process for applying for leave, and the benefits that will be available during approved periods of leave.

The laws covered by this policy are the Family and Medical Leave Act of 1993 (FMLA), which is federal law, and the California Family Rights Act (CFRA) and the California Pregnancy Disability Leave (CPDL) statutes, which are state entitlements and obligations. Additionally, this policy provides information from City Memorandum of Understanding (MOU) and Compensation Plan provisions.

II. Policy

It is the intent of the City of Petaluma to comply with federal and state laws, and City MOUs, Compensation Plan, and administrative policies that govern family medical leaves of absence.

III. Eligibility for Family Medical Leave: Federal & State Laws

FMLA and CFRA provide an eligible employee with a right to unpaid, job-protected leave and health insurance benefits under certain circumstances. An employee must: (A) have been employed by the City for 12 months (which need not be consecutive); (B) have actual hours worked for at least 1,250 hours during the 12 month period immediately preceding the commencement of the leave; and, (C) have a qualifying serious health condition or family circumstance that is covered by FMLA/CFRA.

CPDL provides an eligible employee with the right to unpaid, job protected leave if disabled by pregnancy, childbirth, or related medical conditions. There are no service time requirements to qualify for CPDL.

IV. Type and Duration of Leave and Reasons for Taking Leave

A. Basic FMLA/CFRA Leave

An eligible employee is entitled to up to 12 weeks of unpaid leave for certain family and medical reasons during a 12 month period. In some instances, leave may be counted under the FMLA but not CFRA, or CFRA but not the FMLA. Leave may be taken for any one, or for a combination, of the following reasons:

- An employee's own disability due to pregnancy, childbirth, or related medical condition (counts only towards FMLA leave and CPDL entitlements);

- Bonding and/or caring for a newborn child. Bonding leave must be concluded within one year of the birth, adoption, or foster placement of the child (counts toward FMLA and CFRA leave entitlements);
- For placement with the employee of a child for adoption or foster care and to care for the newly placed child (counts towards FMLA and CFRA leave entitlements);

Note: If both parents are city employees and the leave is taken for birth, adoption or foster child placement, or the care of an ill parent, the combined leave may be limited to 12 workweeks.

- To care for the employee's spouse, domestic partner, child, or parent (but not in-law) with a serious health condition (counts towards FMLA and CFRA leave entitlements; time to care for an employee's domestic partner counts only toward CFRA leave);
- For an employee's own serious health condition that makes the employee unable to perform one or more of the essential functions of the employee's job (counts toward FMLA and CFRA leave entitlements);
- Any qualifying exigency arising out of the fact that an employee's spouse, son, daughter, or parent is a covered military member on active duty or call to active duty status (counts toward FMLA leave entitlement);
- An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember with a serious injury or illness is entitled to up to 26 weeks of FMLA leave during a single 12-month period to care for a covered servicemember (counts toward FMLA leave entitlement).

B. Military FMLA Leave Entitlement

- Qualifying Exigency Leave

Qualifying exigency leave is leave for families of members of the National Guard or Reserves when the covered military member is on active duty or called to active duty in support of a contingency operation. An employee whose spouse, son, daughter, or parent either has been notified of an impending call or order to active military duty or who is already on active duty may take up to 12 weeks of leave for related to or affected by the family member's call-up or service. For a complete list of qualifying exigencies, see Appendix 1.

- Military Caregiver Leave

An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember is entitled to take up to 26 workweeks of FMLA leave during a single 12-month period to care for the servicemember with a serious injury or illness.

C. Intermittent Leave and Reduced Leave Schedules

FMLA/CFRA/CPDL leave usually will be taken for a period of consecutive days, weeks, or months. However, an employee is also entitled to take these leaves intermittently or on a

reduced leave schedule when medically necessary due to a serious health condition of the employee or covered family member, or the serious injury or illness of a covered servicemember. Intermittent leave can also be taken for any qualifying exigency. An employee is also eligible for intermittent CFRA leave for bonding with a child following birth or placement. Bonding leave must be concluded within one year of the birth, adoption, or placement of the child.

D. Coordination of FMLA Leave with Other Leaves

Whenever permissible by law, the City will run FMLA/CFRA/CPDL leave concurrently with any other leave provided under state law, City MOUs, Compensation Plan, and administrative policies. See Appendix 2 for examples of Family Care and Medical Leaves. A leave of absence in connection with a workers' compensation injury/illness shall run concurrently with FMLA/CFRA leave, except for safety employees (i.e., Police and Fire), on authorized Labor Code § 4850 leave, which does not run concurrently.

V. Using Paid Leave for Unpaid FMLA/CFRA/CPDL Leave

Leave under this policy is unpaid. However, an employee may request paid leave in accordance with his or her MOU or Compensation Plan. An employee is required to notify the City if he or she wishes a paid leave and must also designate the leave to be used.

VI. Group Health Plan Coverage During Family Medical Leave

Coverage under any group health plan (health, dental, vision, and employee assistance) will be maintained by the City during any leave covered by FMLA (up to 12 work weeks) to the extent coverage would be maintained if the employee was actively at work.

City employees are responsible for the timely payment of any group health plan premiums when not covered by the FMLA and in an unpaid status.

City employees may choose not to retain the City's group health plan coverage during unpaid leave.

VII. Employee Responsibilities and Procedures

A. Employee Advance Notification & Request

- An employee must inform (verbally or in writing) his or her supervisor of the need for 10 or more working days of qualifying leave at least 30 calendar days in advance of the need for the leave. If the need is not foreseeable, an employee shall provide notice within a reasonable time after learning of the need for leave. For foreseeable leave due to a qualifying exigency, an employee must provide notice of the need for leave as soon as practicable, regardless of how far in advance such leave is foreseeable.
- An employee shall then notify Human Resources and request the City of Petaluma's Family, Medical, Or Pregnancy Leave – Notification/Request/Response form. See Appendix 3.

- An employee must fill out the City of Petaluma’s Family, Medical, or Pregnancy Leave – Notification/Request/ Response form and indicate the type of leave (paid or unpaid) that he or she is requesting during the leave period.

B. Medical or Written Certification Requirement

- Written certification from a health care provider may be required for an employee’s own serious health condition or the serious health condition of the employee’s family member.
- Written certification for the serious health condition of an employee’s family member must include the date, if known, on which the serious health condition commenced; the probable duration of the condition; an estimate of time the health care provider believes the employee needs to care for the individual; and, a statement that the serious health condition warrants the participation of the employee to provide care during treatment.
- An employee who requests leave to care for a covered servicemember who is a child, spouse, parent, or “next of kin” may be required to provide written certification from a health care provider regarding the injured servicemember’s serious injury or illness.
- The first time an employee requests leave because of a qualifying exigency, the City may require the employee to provide a copy of the covered military member’s active duty orders or other documentation issued by the military which indicates that the covered military member is on covered active duty or call to active duty status in support of a contingency operation, and the dates of the covered military member’s active duty service.
- If written certification is required and is not submitted or incomplete, an employee will be given 15 calendar days to respond and provide the information, unless it is not practicable under the particular circumstances to do so despite the employee’s diligent, good faith efforts.
- When all of an employee’s leave balances have been exhausted, the employee may request leave without pay in accordance with his or her MOU or Compensation Plan.
- Human Resources will complete Section 2 of the City of Petaluma’s Family, Medical, or Pregnancy Leave – Notification/Request/Response form. The original form will be placed in the employee’s medical file and a copy will be sent to the employee.

Approved:



John C. Brown, City Manager

5-25-11

Date

Established: 05/25/2011

12-Month Period: a rolling 12-month period measured backward from the date leave is taken and continuous with each additional leave day taken.

Single 12-month period: a 12-month period which begins on the first day the eligible employee takes FMLA leave to take care of a covered servicemember and ends 12 months after that date.

Child: a child under the age of 18 years of age, or 18 years of age or older who is incapable of self care because of a mental or physical disability. An employee's child is one for whom the employee has actual day-to-day responsibility for care and includes, a biological, adopted, foster or step-child.

A child is "incapable of self care" if he/she requires active assistance or supervision to provide daily self care in three or more of the activities of daily living or instrumental activities of daily living such as, caring for grooming and hygiene, bathing, dressing and eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, etc.

Parent: the biological, adoptive, step or foster parent of an employee, or an individual who stands or stood in loco parentis (in place of a parent) to an employee when the employee was a child. This term does not include parents-in-law.

Spouse: a husband or wife as defined or recognized under California State law for purposes of marriage.

Domestic Partner: as defined by California Family Code section 297 and 299.2, and shall have the same meaning as "Spouse" for purposes of CFRA Leave.

Serious health condition: an illness, injury impairment, or physical or mental condition that involves:

1. Inpatient Care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (i.e., inability to work, or perform other regular daily activities due to the serious health condition, treatment involved, or recovery there from); or
2. Continuing treatment by a health care provider: A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:
 - a. A period of incapacity (i.e., inability to work, or perform other regular daily activities) due to serious health condition of more than three full consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 - i. Treatment two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist by a health care provider, by a nurse, or by a provider of health care services (e.g., a physical therapist) under orders of, or on referral by a health care provider. The first in-person treatment visit must take place within seven days of the first day of incapacity; or
 - ii. Treatment by a health care provider on at least one occasion which must take place within seven days of the first day of incapacity and results in a regimen of continuing treatment under the supervision of the health care provider. This includes for example, a course of prescription medication or therapy requiring

special equipment to resolve or alleviate the health condition. If the medication is over the counter, and can be initiated without a visit to a health care provider, it does not constitute a regimen of continuing treatment.

- b. Any period of incapacity due to pregnancy or for prenatal care. This entitles the employee to FMLA leave, but not CFRA leave.
- c. Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
 - i. Requires periodic visits (defined as at least twice a year) for treatment by a health care provider or by a nurse;
 - ii. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - iii. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.). Absences for such incapacity qualify for leave even if the absence lasts only one day.
- d. A period of incapacity which is permanent or long term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider.
- e. Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment.

Health Care Provider:

- 1. A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the State of California;
- 2. Individuals duly licensed as a physician, surgeon, or osteopathic physician or surgeon in another state or jurisdiction, including another country, who directly treat or supervise treatment of a serious health condition;
- 3. Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in California and performing within the scope of their practice as defined under California State law;
- 4. Nurse practitioners and nurse-midwives, clinical social workers, and physician assistants who are authorized to practice under California State law and who are performing within the scope of their practice as defined under California State law;
- 5. Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; and
- 6. Any health care provider from whom an employer or group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.

Qualifying Exigency:

- 1. Issues arising from a covered military member's short notice deployment (i.e., deployment on seven or less days of notice) for a period of seven days from the date of notification;
- 2. Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs, and informational

- briefings sponsored or promoted by the military, military service organizations, or the American Red Cross;
3. Certain childcare and related activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at school or a day care facility if they are necessary due to circumstances arising from the active duty or call to active duty of the covered military member;
 4. Making or updating financial and legal arrangements to address a covered military member's absence;
 5. Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or the child of the covered military member, the need for which arises from the active duty or call to active duty status of the covered military member;
 6. Taking up to five days of leave to spend time with the covered military member who is on short-term temporary, rest and recuperation leave during deployment;
 7. Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for a period of 90 days following the termination of the covered military member's active duty status, and addressing issues arising from the death of a covered military member; and
 8. Any other event that the employee and employer agree is a qualifying exigency.

Covered Active Duty:

1. In the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; or
2. In the case of a member of a reserve component of the Armed Forces, duty during the deployment of member of the Armed Forces to a foreign country under a call or order to active duty under certain specified provisions.

Covered Servicemember:

1. A current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or
2. A veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces, including a member of the National Guard or Reserves, at any time during the period of five years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

Outpatient Status: with respect to a covered servicemember, the status of a member of the Armed Forces assigned to either:

1. A military medical treatment facility as an outpatient; or
2. A unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

Next of Kin of a Covered Servicemember: the nearest blood relative other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless

the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA.

Serious Injury or Illness:

1. In the case of a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; or
2. In the case of a veteran who was a member of the Armed Forces, including a member of the National Guard or Reserves, at any time during the period of five years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy, means a qualifying injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran.

If an employee becomes disabled by her pregnancy six weeks before giving birth, the FMLA and PDL might run concurrently (so long as the employer met its FMLA notice requirements and opted to run both at the same time). As a result of giving birth, the employee might be disabled for an additional six weeks (six weeks is the standard disability for a non-caesarean birth without complications). During that time, the FMLA and PDL would continue to run. Only after the employee was no longer disabled would the CFRA leave period begin. By that time, however, the employee would have used up her twelve (12) weeks of FMLA leave and PDL would no longer be applicable.

Though the employee would still be entitled to twelve (12) weeks of CFRA leave for bonding, the employer would no longer be obligated to pay for her health insurance. The employee, however, has the option of paying for her own health insurance and her job would be protected for the twelve (12) weeks of bonding. The following graph illustrates this example:

	Pre-Birth Disability	Post-Birth Disability	"Bonding"
Health Care Coverage	FMLA	FMLA	
Job Protection	FMLA and/or PDL	FMLA and/or PDL	CFRA
Leave Period	6 Weeks	6 Weeks	12 weeks

Similarly, if the employee were disabled by the pregnancy for four weeks before the birth and disabled after the birth for six weeks, the graph would show:

	Pre-Birth Disability	Post-birth Disability		"Bonding"
Health Care Coverage	FMLA	FMLA	FMLA and/or CFRA	
Job Protection	FMLA and/or PDL	FMLA and/or PDL	FMLA and/or CFRA	CFRA
Leave Period	4 weeks	6 weeks	2 Weeks	10 weeks



CITY OF PETALUMA
Family, Medical, or Pregnancy Leave
Notification/Request/Response Form

APPENDIX 3

You have requested leave which is covered under the federal Family Medical Leave Act (FMLA). This notice confirms your eligibility, the terms of your leave, and provides information on your rights and responsibilities under the FMLA. This form meets requirements of the California Family Rights Act (CRFA) and FMLA.

To request such leave, please complete the employee section of this leave request form, attach the appropriate certification, and forward to Human Resources for processing.

I. LEAVE REQUEST – to be completed by Employee and forwarded to Human Resources

Employee Name _____

Date of Request _____

Department / Division and Position Title _____

Date of Hire _____

I am requesting Family Medical Leave for the following reason (check one):

- Care for Newborn or Newly Placed Child
- My Own Serious Health Condition
- Care for Family Member with Serious Health Condition
- Disability by Pregnancy, Childbirth, or Related Medical Conditions

Military Family Leave Entitlement (check one):

- To assist a child, spouse, or parent who is in the National Guard or Reserves with a "qualifying exigency"¹ related to active Military duty or a call to active Military duty status.
- To care for a child, spouse, parent, or "next of kin"² who is a covered servicemember of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on active Military duty.

I am requesting leave to begin: _____ Expected duration of leave: _____

- Regular Leave
- Intermittent Leave
- Reduced Leave Schedule

Note: **Attach Medical Certification or Attach Certification from the Department of Defense or Department of Veterans Affairs**

Employee Signature _____ Date _____

¹ See Section IV. of Family Medical Leave Notification/Request/Response Form

² See Section IV. of Family Medical Leave Notification/Request/Response Form

II. ELIGIBILITY - to be completed by Employee and forwarded to Human Resources

Employee Name: _____ Employee #: _____

Your request for leave is approved for the period of: _____ to _____

Your approved leave will be counted towards the following leave entitlement: FMLA CFRA CPDL

Leave Records indicate that you have the following accrued leave balances as of: _____

Sick leave _____ Vacation _____ Accrued comp time _____ Other _____

Your request for leave is not approved because:

Human Resources Signature: _____ Date _____

III. THE NEXT STEP – to be completed by Employee and forwarded to Supervisor or Department Director

Employee is to complete the **Request for Leave or Notification of Absence form**, attach this approved request, and forward the **Request for Leave** to Supervisor or Department Director for signature.

HR forms are found on the City's website at http: <http://cityofpetaluma.net/hr/forms.html>

IV. EMPLOYEE RIGHTS AND RESPONSIBILITIES – Under the Family Medical Leave Act

Basic Leave Entitlement

- FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:
- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, or daughter, or parent who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

A covered servicemember is a current member of the Armed forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in the outpatient status; or is on the temporary disability retired list.

Next of Kin of a Covered Servicemember

The nearest blood relative other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: Blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under FMLA.

Military Family Leave Entitlement

Qualifying Exigency Leave. Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Military Caregiver Leave. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period.

Use of FMLA leave cannot result in the loss of any

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leaves while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Employer's Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for ineligibility.

Unlawful Acts by Employers

- FMLA makes it unlawful for any employer to: Interfere with, restrain, or deny the exercise of any right provided under FMLA:
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining which provides greater family or medical leave rights.

California Family Rights Act (CFRA)

Employee rights, responsibilities, eligibility requirements and entitlements under CFRA are extremely similar to those of FMLA. One exception is disability due to pregnancy, childbirth, or related medical leave. Leaves for pregnancy disability are not covered by CFRA (only by FMLA and PDL). CFRA, however, permits leave to bond and/or care for a child (following birth, adoption or foster placement) for up to 12 weeks in addition to disability leave. This is commonly called "bonding leave". Bonding leave must be completed within one year of the birth or placement of the child.

The other exception is that CFRA includes leave to care for a domestic partner with a serious condition. FMLA does not.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:
1-866-4US WAGE (1-866-487-9243) TTY: 1-877-889-5627
www.wagehour.dol.gov