***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

Congratulations on the addition to your family. We are in receipt of your request for bonding leave dated **XXXXX**. Your bonding leave has been approved from **XXXXXX-XXX**. If any changes to your leave return date occur, please provide fifteen days’ notice.

Your bonding leave is granted in accordance with the County’s Medical Leave Policy, and also considered time taken under California Family Rights Act (CFRA). CFRA allows a qualified employee up to 12 weeks (480 hours) of unpaid leave to care/bond for your newborn.

I also want to notify you of your rights and responsibilities under the California Family Rights Act (CFRA). Enclosed is the Notification of Eligibility of Family Medical Leave as required by CFRA, which provides notification that we are designating your leave of absence as CFRA Bonding. I have also enclosed the Medical Leave Checklist for Employees. The checklist is a reference document for your use and provides all the information you need to provide to the Department during your leave.

If you have any questions about these forms or your leave, please contact me at ***<565-xxxx>*** or ***<Analyst Name, Disability Management Analyst>*** at ***<565-xxxx>***. More information and copies of the Medical Leave Policy, Disability and Reasonable Accommodation Policy, and the Temporary Transitional Duty Policy, can be found at:

<https://sonomacounty.ca.gov/HR/Disability-Management/Policies/>

Sincerely,

***<Dept Designee>***

Enclosed: Notification of Eligibility of Family Leave

 Medical Leave Checklist for Employees

Cc: ***<DM Analyst Name>***, Disability Management Analyst

 Confidential Medical Leave File