***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>*,**

Congratulations on the pending addition to your family.

I am writing to provide you with information regarding your medical leave of absence.

On ***<DATE>*** the Department became aware of your potential need for medical leave from approximately ***<START DATE>*** to ***<END DATE>***.

Your leave was reviewed to determine eligibility under the Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). In order to qualify for FMLA/CFRA, you must have at least 12 months of total County service, have worked 1,250 hours during the previous 12 months of your need for FMLA/CFRA and must provide medical certification of a serious medical condition.

You are currently not eligible for FMLA/CFRA because ***<INSERT REASON>***.

Even though you are not eligible for FMLA/CFRA, the Department is approving your medical leave absence from ***<START DATE>*** to ***<END DATE>***. Your leave is granted under the County’s Medical Leave Policy and is also considered time taken under California Pregnancy Disability Leave (CPDL). PDL gives an employee up to four months for the period of disability due to pregnancy. Please contact ***<Dept Payroll Clerk>*** in payroll at ***<565-xxxx*>** to discuss maintaining your benefits while on approved leave**.**

I have also enclosed two additional forms. The Request for Leave of Absence form needs to be completed and returned to ***<NAME>*** by ***<DATE>***. The Medical Leave Checklist for Employees is a reference document for your use and provides all the information you need to provide to the Department during your medical leave.

If any changes to your leave return date occur, please provide **X** days notice and a new medical certification. The Department will notify you if you need to provide a return to work certification 15 days prior to returning to work.

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/](https://sonomacounty.ca.gov/HR/Disability-Management/Policies/%20%20)

Sincerely,

***<Dept Designee>***

Enclosed: Request of leave of Absence Form

Medical Leave Checklist for Employees

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

Confidential Medical File