***<DATE>***

***<NAME>***

***<ADDRESS>***

Dear ***<NAME>***,

Congratulations on the pending addition to your family. This is to confirm that your pregnancy disability leave will begin ***<START DATE>***. This leave, granted in accordance with the County’s Medical Leave Policy, is also considered time taken under the federal Family Medical Leave Act (FMLA) and California Pregnancy Disability Leave (CPDL). FMLA allows a qualified employee up to 12 weeks (480 hours) of unpaid leave and PDL gives and employee up to four months for the period of disability due to pregnancy. These leaves run concurrently.

***<ONLY IF APPLICABLE>*** Enclosed is the Notification of Eligibility of Family Medical Leave as required by FMLA, which provides notification that we are designating your leave of absence as FMLA. 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 medical leave. ***<ONLY IF APPLICABLE>***

Upon conclusion of your CPDL/FMLA, you may be eligible for up to an additional 12 weeks (480 hours) of time off to care/bond for your newborn under the California Family Rights Act (CFRA). Any remaining FMLA will run concurrently with time taken under CFRA/bonding.

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