



What's Covered Under FMLA?



And what's the difference between the FMLA, CFRA and Paid Family Leave?

Under the FMLA, Federal Law allows employees to take up to 12 weeks of job-protected, unpaid leave to care for a newborn, a newly adopted child, or ill family member. The California Family Rights Act (CFRA) is the state version of FMLA which offers additional protections and coverage.

California employees who pay into the State Disability Insurance program qualify for partially paid leave for a personal disability, and 6 weeks of partially Paid Family Leave. Under these programs, employees are eligible to receive 55 percent of their wages during their absence, up to a maximum of \$1,067 per week.

You are eligible for FMLA if you:

- Work for an employer with 50 or more employees
- Have worked for that employer for at least 12 months
- Have accrued at least 1,250 hours prior to starting FMLA leave

California residents may take 12 weeks of unpaid, protected leave to:

- Treat or recover from a serious health condition that makes you unable to perform your job
- To care for a child, spouse, or parent, and, **beginning July 1, 2014, a grandparent, grandchild, sibling, or parent-in-law** suffering from a serious health condition
- Care for/bond with a newborn or new adopted/foster child.

New law!

Covered health conditions under FMLA & CFRA include:

- Injuries or illness that involve medical treatment and incapacitate you or a family member for three or more days or involve a hospital stay of at least one night.
- Incapacity resulting from chronic ailments — like migraines, asthma, pregnancy, diabetes, orthopedic conditions — even episodes as short as one day or part of a day.

You may take time off intermittently or by reducing scheduled days/hours.

Your employer may not deny you time off because of production needs or because you hold an important position. Your employer may request a certification prepared by your health care provider verifying that your leave is for a purpose recognized by FMLA.

Your employer must maintain your health insurance.

Your employer does not have to maintain your salary but, under most Union contracts, you may/must use PTO or other sick leave benefits even if you didn't meet the requirements of the timeline for requesting same.

You may not be warned, suspended or discharged for taking FMLA time off.

When your leave is completed, your employer must restore you to your regular job or to an equivalent position with the same pay, benefits, duties, status, terms and conditions.

SEIU Local 121RN can grieve violations of your family leave rights through our union contract and complaints can also be submitted to the Department of Labor.

Los Angeles Department of Labor office: (213) 894-6375

Here's an example: If you have been diagnosed with a chronic illness like migraines, be sure to use FMLA leave for any episode. That way your employer can't use your FMLA-protected absences as "occurrences" against your employment. Be sure to tell your supervisor when you call in sick that your absence is an FMLA call-off and follow up in writing.



For assistance or to file a complaint with the Department of Labor, please contact your SEIU Local 121RN steward or Union Representative. If you do not know who your Union Representative is, go to www.seiu121rn.org, click on "Our Hospitals" in the purple menu bar near the top of the page, and then click on your hospital. You may also call our main office at (626) 639-6200.

**Don't forget to fill out a pre-designation of personal physician form
in case you are hurt on the job!**

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

TO: _____
(Name of Hospital / Company)

FROM: _____
(Print Your Name) (Sign Your Name)

In the event that I am injured or become ill on the job, I reserve the right to be treated by my own physician and/or chiropractor from the time of my injury or illness.



PHYSICIAN: I AGREE TO THIS PREDESIGNATION:

STREET ADDRESS

CITY, STATE, ZIP

(AREA CODE) TELEPHONE NUMBER

DATE _____

PHYSICIAN'S SIGNATURE

Physician not required to sign form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3)

**GIVE UPPER HALF
TO YOUR EMPLOYER**

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STREET ADDRESS

CITY, STATE, ZIP

(AREA CODE) TELEPHONE NUMBER

DATE _____

PHYSICIAN'S SIGNATURE

**KEEP LOWER HALF
FOR YOUR RECORDS**

Received by the Hospital by (Signature) _____