



**NOTICE OF YOUR RIGHTS AND OBLIGATIONS  
UNDER THE FEDERAL FAMILY AND MEDICAL LEAVE ACT OF 1993**

It is the policy of the Contra Costa Water District to provide family and medical leave to eligible employees in accordance with the federal Family and Medical Leave Act of 1993 (FMLA) and the California Family Rights Act of 1991. This notice sets forth your rights and obligations under FMLA. If you are eligible and the leave you have requested pursuant to District policy or collective bargaining agreement qualifies as family and medical leave, up to 12 work weeks will be counted against your annual entitlement of 12 work weeks in a 12-month period.

**Eligibility for Leave:** If you have at least 12 months of service (all prior District service counts) and if you have worked at least 1,250 hours during the 12 month period to the requested leave, you are covered by the provisions of FMLA.

**Purpose of Leave:**

- to care for your child after birth or placement by adoption or foster care;
- to care for your spouse, child, or parent who has a serious health condition;
- for your own serious health condition.

**Length of Leave:** Under FMLA, you are entitled to up to 12 work weeks of family and medical leave during one 12-month period. FMLA leave on an intermittent basis or on a reduced work schedule may be requested when medically necessary for a serious health condition. When possible, you should attempt to schedule medical treatments to minimize disruption to your department.

You may be eligible for additional leave beyond 12 work weeks if you are disabled by pregnancy.

**Pay:** Family and medical leave is normally unpaid leave; however, you may request or be required to substitute paid leave (i.e., accrued vacation or sick leave, compensatory time off, or other leave) for all or a portion of the unpaid leave in accordance with the appropriate policies and collective bargaining agreements.

If you have requested family and medical leave for your own serious health condition, you may also be eligible for state disability insurance (Local 39 only), workers' compensation, and long-term disability compensation.

**Advance Notice:** Please notify the Human Resources and Risk Division 30 days in advance if your leave is foreseeable. If your need for leave is not foreseeable, written notice should be received by the District within five (5) working days after learning of the need for leave.

**Medical Certification:** Written certification from a health care provider will be required (see the applicable administrative procedure or memorandum of understanding) for either your own serious health condition or the serious health condition of your family member. Failure to provide certification within 15 calendar days of the date you receive this notice may result in delay or denial of leave until certification is provided. Re-certification of your own serious health condition or the serious health condition of your family member may be required periodically. A medical certification form will be provided upon request by either your department manager or the Human Resources and Risk Division.

If medical certification of the need for leave is required, the District may request a second opinion and, if necessary, a third, at the District's expense. The certification must verify that leave is required because of a "serious health condition." A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves any of the following:

- inpatient care in a hospital or other treatment facility and related treatment;
- continuing treatment by a health care provider and includes periods of incapacity of more than three consecutive calendar days related to the treatment;
- continuing treatment or supervision by a health care provider following periods of incapacity;
- any period of incapacity or treatment due to pregnancy or prenatal care, a chronic serious health condition (e.g., severe asthma, diabetes, epilepsy, etc); or a permanent or long-term condition for which treatment may not be effective (e.g., Alzheimer's, stroke, terminal diseases, etc.);
- any period of absence to receive multiple treatments for post-accident or injury restorative surgery or for a condition that would result in a period of incapacity of more than three consecutive days in the absence of medical treatment, such as chemotherapy or radiation treatments for cancer, or dialysis for kidney disease.

Under federal regulations, a "health care provider" is defined as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse mid-wife, or clinical social worker who is authorized to practice by the State and performing within the scope of their practice as defined by State law, or a Christian Science Practitioner. A health care provider is also any provider from whom the District or the employee's group health plan will accept medical certification to substantiate a claim for benefits.

**Health Benefits:** Coverage under any group health plan (medical, dental, vision and employee assistance program) will be maintained during any leave covered by FMLA (up to 12 work weeks) to the extent coverage would be maintained if you had been actively at work during the leave period. You are responsible for arranging with the Finance Department for the payment of the employee portion of any premiums that are not fully covered by the district contribution. Failure to pay the employee portion of the premiums within 30 days of the due date will result in cancellation of your enrollment in the plan.

**Reinstatement:** Under the FMLA, you must be reinstated to the same position you had prior to taking the leave, or to an equivalent position, provided that you return to work immediately following the conclusion of family and medical leave. If your position is unavailable (due to, for example, the end of a temporary appointment), you have no greater right to reinstatement than if you had been continually employed during the FMLA leave period.

You are not entitled to reinstatement, if your appointment end date occurs before your scheduled return date from family and medical leave.

The District may require periodic notice of your intent to return to work following family and medical leave.

If the FMLA leave you have requested is for your own serious health condition, you are to provide medical certification upon your return stating that you are able to return to work to perform the functions of your job. A return to work medical certification form will be provided by your department head or the Human Resources and Risk Division.

**District Designated FMLA Leave:** The District may designate leave as FMLA leave, if the leave meets the requirements listed above, even when an employee does not specifically request FMLA or family and medical leave.

**Additional Information on FMLA:** For more information about family and medical leave and related leaves and employee benefits, please contact the Human Resources and Risk Division.

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