



California State University
SAN MARCOS

**MEDICAL CERTIFICATION FOR
PREGNANCY DISABILITY**
OFFICE OF HUMAN RESOURCES

333 S. Twin Oaks Valley Road • San Marcos CA 92096-0001

760-750-4418 • 760-750-3141 (fax)

Instructions:

1. *Employee: Fill out Section I of the form, then submit it to your health care provider.*
2. *Health Care Provider: Complete Sections II & III and return to the employee for submission.*
3. *Employee: Submit the completed certification form to The Office of Human Resources.*

I. EMPLOYEE INFORMATION

Employee Name:

Current mailing address:

Home Phone:

Supervisor's Name:

Department

Campus Phone:

I authorize my health care provider to complete this form and to release information to the California State University San Marcos Office of Human Resources for the purpose of determining benefits/leave program eligibility such as Family Medical Leave, Pregnancy Disability and/or Catastrophic Leave.

Employee Signature

Date

II. MEDICAL INFORMATION – TO BE COMPLETED BY TREATING HEALTH CARE PROVIDER

Please certify that, because of this patient's pregnant, childbirth or a related medical condition including, but not limited to, recovery from pregnancy, childbirth, loss or end of pregnancy, or post-partum depression, this patient needs the following (check all that apply):

- Disability Leave** Beginning date: Ending date:
- Intermittent Leave** Beginning date: Ending date:
(Specify leave schedule)
- Reduced Work Schedule** Beginning date: Ending date:
(Specify work schedule)
- Transfer to Different Position** Beginning date: Ending date:
(Specify the medically advisable position/duties)
- Reasonable Accommodations** Beginning date: Ending date:
(Specify accommodation)
- Time off for medical appointments** (Specify when and for what duration):

III. HEALTH CARE PROVIDER CERTIFICATION

Name of Health Care Provider:

Specialty:

Address:

Phone:

Fax:

State License Number:

Licensed to practice in the state(s) of:

Signature:

Date:

FAMILY CARE AND MEDICAL LEAVE AND PREGNANCY DISABILITY LEAVE

- Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with your employer and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 work weeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.
- Even if you are not eligible for CFRA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take pregnancy disability leave (PDL) of up to four months, or the working days in one-third of a year or 17½ weeks, depending on your period(s) of actual disability. Time off needed for prenatal or postnatal care; doctor-ordered bed rest; gestational diabetes; pregnancy-induced hypertension; preeclampsia; childbirth; postpartum depression; loss or end of pregnancy; or recovery from childbirth or loss or end of pregnancy would all be covered by your PDL.
- Your employer also has an obligation to reasonably accommodate your medical needs (such as allowing more frequent breaks) and to transfer you to a less strenuous or hazardous position if it is medically advisable because of your pregnancy.
- If you are CFRA-eligible, you have certain rights to take BOTH PDL and a separate CFRA leave for reason of the birth of your child. Both leaves guarantee reinstatement to the same or a comparable position at the end of the leave, subject to any defense allowed under the law. If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or planned medical treatment for yourself or a family member). For events that are unforeseeable, you must notify your employer, at least verbally, as soon as you learn of the need for the leave.
- Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.
- Your employer may require medical certification from your health care provider before allowing you a leave for:
 - Your pregnancy;
 - Your own serious health condition; or
 - To care for your child, parent, or spouse who has a serious health condition.
- Attached is a copy of a medical certification form to give to your health provider to complete.
- When medically necessary, leave may be taken on an intermittent or a reduced work schedule. If you are taking leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.
- Taking family care or pregnancy disability leave may impact certain benefits and your seniority date. Contact your employer for more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). The FEHA prohibits employers from denying, interfering with, or restraining your exercise of these rights. For more information about your rights and obligations, contact The Office of Human Resources at (760)750-4418.



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PRIVACY NOTIFICATION
STATE OF CALIFORNIA
OFFICE OF HUMAN RESOURCES

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The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information.

The principle purpose for requesting the information on this form is to process requests for leaves of absence. The federal Family and Medical Leave Act of 1993 and University policies authorize maintenance of this information.

Furnishing all information requested on this form is voluntary. Information furnished on this form may be used by various University departments for benefits, payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements.

The Office of Human Resources Department is responsible for maintaining the information contained on this form.

Federal regulations prohibit denying leave because the employee did not use the forms provided in this packet.