

**Section 1: POLICY**

The City of Manteca (“City”) provides employees with Pregnancy Disability Leave and reasonable accommodation in accordance with State and Federal law. The following provisions set forth certain of the rights and obligations with respect to such leave. Rights and obligations that are not specifically set forth below are set forth in the Department of Labor regulations implementing the Federal Family and Medical Leave Act of 1993 (“FMLA”), the California Family Rights Act (“CFRA”), and the regulations of the California Fair Employment and Housing Act (“FEHA”). Unless otherwise provided by this Policy, the term “Leave” when used herein shall mean leave for disabilities relating to pregnancy and childbirth pursuant to the FMLA, CFRA, and FEHA.

**Section 2: REASONS FOR LEAVE**

Pregnancy Disability Leave is available for disabilities related to pregnancy, childbirth and related medical conditions, including pre-natal care, severe morning sickness, doctor-ordered bed rest, childbirth, and recovery from childbirth. It does not include leave to care for the newborn for periods during which the mother is not actually disabled. Leave for that purpose is available to eligible employees under FMLA, and CFRA.

**Section 3: EMPLOYEES ELIGIBLE FOR LEAVE**

Any employee who is *actually* disabled due to pregnancy, childbirth, or related medical conditions is eligible for leave without regard to duration of employment.

**Section 4: AMOUNT OF LEAVE**

Eligible employees are entitled to leave for the period of *actual* disability, as certified by the employee’s health care provider, up to a maximum of four months of leave per pregnancy.

Leave may be taken all at once, intermittently and/or on a reduced work schedule, depending on the nature of the employee’s disability and the recommendations of her health care provider. In all cases, the period of disability must be certified by the employee’s health care provider.

**Section 5: ACCOMMODATION**

An employee who is affected by pregnancy or a related medical condition is eligible for reasonable accommodation, including transfer to an available position or duties that are less strenuous or hazardous. The employee must provide the City with a certification from her health care provider stating the nature of the accommodation or transfer requested, that the accommodation or transfer is medically advisable, and the period during which the accommodation/transfer is needed.

**Section 6: RELATIONSHIP OF PREGNANCY DISABILITY LEAVE TO FAMILY AND MEDICAL LEAVE**

Leave for disabilities related to pregnancy, childbirth or recovery therefrom under the City's Pregnancy Disability Leave (PDL) policy will run concurrent with Family Medical Leave Act (FMLA). An eligible employee who takes Pregnancy Disability Leave will at the end of the leave still have up to 12 weeks of California Family Rights Act (CFRA) to use "for the birth of the child, " i.e. bonding, if the eligibility requirements for CFRA are met (i.e. 12 months of employment, 1250 hours minimum worked in the 12 months previous, and has not exhausted the CFRA hours for this time period.)

CFRA for bonding must be completed within one year of the qualifying event (birth, adoption, etc.). The minimum duration of a CFRA leave is two weeks. However, an employer shall grant a request for a CFRA leave of less than two weeks duration on any two occasions. Employees must give advance notice to the employer, 30 days if feasible.

**Section 7: EMPLOYEE BENEFITS WHILE ON LEAVE**

While on pregnancy disability leave, an FMLA-eligible employee will continue to be covered by the same health insurance benefits and premium payment arrangement to the same extent that coverage is provided while the employee is on the job for up to a combined total of 12 weeks of family, medical or pregnancy leave.

Employees may make the appropriate contributions for continued coverage under the preceding insurance benefit plans by payroll deductions or direct payments made to these plans. Depending on the particular plan, the City will inform the employee whether the premiums should be paid to the carrier or to the City. The employee's coverage on a particular plan may be dropped if the employee is more than 30 days late in making a premium payment. However, the employee will receive a notice at least 15 days before coverage is to cease, advising the

employee that the employee will be dropped if the premium payment is not paid by a certain date. Employee contribution rates are subject to any change in rates that occurs while the employee is on leave.

If an employee fails to return to work after her leave entitlement has been exhausted or expires, the City shall have the right to recover its share of health plan premiums for the entire leave period, unless the employee does not return because of continued disability or the onset of a serious health condition of the employee which would entitle the employee to leave, or because of circumstances beyond the employee's control.

**Section 8: PAY DURING LEAVE AND SUBSTITUTION OF PAID ACCRUED LEAVES**

Leave under this policy is generally unpaid. However, certain employees may be eligible for disability benefits during leave. In addition, concurrently with leave under this policy, an employee may elect to use paid accrued leaves as specified in Subsection A below. Similarly, the City under certain circumstances specified in Subsection B below may require an employee to concurrently use paid accrued leaves. Use of such paid leave will not extend the maximum four (4) months of leave available under this policy.

A. Employee's Right To Use Paid Accrued Leaves During Pregnancy Disability Leave

Where an employee has earned or accrued paid sick leave, vacation, management leave, compensatory time, or personal holiday time the employee may use such leave during any leave under this policy. If the employee is receiving disability benefits, benefits will be coordinated up to a combined maximum of 100% of pay.

B. City's Right To Require An Employee To Use Paid Sick Leave During Pregnancy Disability Leave

Employees must use their accrued paid sick leave for any period of Pregnancy Disability Leave during which they are **not** receiving disability benefits.

**Section 9: MEDICAL CERTIFICATION**

Employees who request leave for pregnancy-related disabilities must provide written certification from their health care provider verifying the existence of the pregnancy-related disability, including a statement that the employee is unable to work at all or is unable to perform one or more

of the essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or to other persons. The certification must also include the anticipated duration of the disability, and the dates the leave is expected to begin and end. If an employee requests leave intermittently (a few days or hours at a time) or on a reduced leave schedule the employee must provide medical certification that such leave is medically advisable.

**Section 10: EMPLOYEE NOTICE OF LEAVE**

The employee must notify her supervisor of her need for Pregnancy Disability Leave as soon as possible after learning that she will need such leave in the future. Such notice may be orally given, but employees will be asked to fill out formal paperwork after notice is given. Although the City recognizes that emergencies arise which may require the employee to request immediate leave, employees are required to give as much notice as possible of their need for leave. If leave is foreseeable, at least 30 days notice is required.

**Section 11: REINSTATEMENT UPON RETURN FROM LEAVE**

**A. Right to Reinstatement**

Upon expiration of leave, an employee is entitled to be reinstated to the position of employment held when the leave commenced, or under certain circumstances, to an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment. Employees have no greater rights to reinstatement, benefits and other conditions of employment than if the employee had been actively at work rather than on leave. Leaves of absence totaling more than thirty (30) calendar days during the probationary period, for any reason, shall not be counted toward completion of the probationary period under City Personnel Rule 6.

If a definite date of reinstatement has been agreed upon at the beginning of the leave, the employee will be reinstated on the date agreed upon. If the reinstatement date differs from the original agreement of the employee and the City, the employee will be reinstated within two business days, where feasible, after the employee notifies the employer of her readiness to return.

If the duration of the Pregnancy Disability Leave exceeds the four months permitted by law, the employee's reinstatement rights, if any, will be governed by applicable state and/or federal law and/or applicable City policy.

B. Fitness For Duty Certification

As a condition of reinstatement of an employee returning to work directly from Pregnancy Disability Leave, the employee must obtain and present a fitness-for-duty certification from the health care provider that the employee is able to resume work. Failure to provide such certification will result in denial of reinstatement until such time as certification is provided.

**Section 12: REQUIRED FORMS**

Employees must fill out the following applicable forms in connection with leave under this policy:

- A. Request for Pregnancy Disability Leave or Accommodation
- B. Medical Certification for Pregnancy Leave or Pregnancy-Related Accommodation
- C. Authorization for Payroll Deductions For Benefits Plan Coverage Continuation During Pregnancy Disability Leave; and
- D. Fitness for Duty to Return From Pregnancy Disability Leave Form.

---

**CITY OF MANTECA**  
**Request for Pregnancy Disability Leave Or Accommodation**

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_

I am requesting in connection with my pregnancy:

PREGNANCY DISABILITY LEAVE

\_\_\_\_\_ A. Consecutive Leave

\_\_\_\_\_ B. Intermittent or Reduced Leave Schedule (Specify  
Schedule Below)

\_\_\_\_\_  
\_\_\_\_\_

Date leave is to begin: \_\_\_\_\_

Expected duration of leave: \_\_\_\_\_

PREGNANCY-RELATED REASONABLE ACCOMMODATION

Specify Accommodation Requested: \_\_\_\_\_

\_\_\_\_\_

Date accommodation is to begin: \_\_\_\_\_

Expected duration of need for accommodation: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

**MEDICAL CERTIFICATION FORM FOR PREGNANCY DISABILITY LEAVE OR PREGNANCY-RELATED ACCOMMODATION**

**A) EMPLOYEE SECTION (Complete and Sign this section and provide to treating physician.)**

Employee's Name: \_\_\_\_\_

Address and Phone Number During Leave: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

**B) HEALTH CARE PROVIDER'S SECTION (Complete, Sign, and Return to Employee)**

1. Date disability because of pregnancy, childbirth or related medical condition commenced

\_\_\_\_\_

2. Probable duration of period(s) of disability: \_\_\_\_\_

3. Yes    No  
        Is the employee currently able to work?

4. Yes    No  
        If the answer to 3 is "yes," can the employee perform all essential functions of her position without undue risk to herself, the successful completion of her pregnancy, or to other persons?

If the answer to 3 is "no," please specify any limitations and accommodations requested in response to 6 below.

5. Please answer the following question only if the employee is asking for intermittent leave or a reduced work schedule:

Yes    No  
        Is it medically advisable for the employee to be off work on an intermittent basis or to work less than the employee's normal work schedule due to disability because of pregnancy, childbirth or related medical condition?

If the answer to 5 is yes, please indicate the estimated number of doctor's visits, and/or estimated duration of medical treatment, either by the health care provider or another provider of health services, upon referral from the health care provider: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Please answer the following question only if the employee is asking for reasonable accommodation, such as a transfer to a different position or different job duties:

Yes    No  
        Is it medically advisable for the employee to be reasonably accommodated? If the answer is yes, please indicate:

Nature of recommended accommodation (i.e., transfer, less strenuous job duties, or specify other)

\_\_\_\_\_

\_\_\_\_\_

Date on which the accommodation became medically advisable: \_\_\_\_\_

Probable duration of period(s) of accommodation: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Telephone No.

\_\_\_\_\_

License No.

\_\_\_\_\_

Print Treating Physician's Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

**AUTHORIZATION FOR PAYROLL DEDUCTIONS FOR BENEFIT COVERAGE  
CONTINUATION DURING PREGNANCY DISABILITY LEAVE**

I, \_\_\_\_\_ authorize the City of Manteca to make deductions from income I will  
*(print name)*

receive from accrued leave during my upcoming Pregnancy Disability Leave which will commence on  
\_\_\_\_\_ and end on \_\_\_\_\_.  
*(date leave will commence) (date leave will end if known by the employee)*

I authorize deductions to be made from income I will receive from accrued leave for the following  
benefits: \_\_\_\_\_  
*(list benefits which employee is entitled to contribute to during family/medical care leave)*

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

**FITNESS FOR DUTY TO RETURN  
FROM PREGNANCY DISABILITY LEAVE CERTIFICATION**

To *City of Manteca* Employee: You must present this release to your supervisor before or on the day you return to work. You may not work without this release.

**To:** Treating Physician or Practitioner

Our employee began a period of Pregnancy Disability Leave on

\_\_\_\_\_.  
(date employee commenced leave)

As a condition of returning to work, the employee must have her physician complete this form. This form must be completed before the employee is allowed to resume her job duties.

1. Employee Name: \_\_\_\_\_

2. Employee's Job Title: \_\_\_\_\_

3. Date of Physical Examination \_\_\_\_\_

4. With respect to your understanding as to what are the employee's essential job functions, please check the source(s) where you received your information:

- \_\_\_\_\_ City job description
- \_\_\_\_\_ Discussion with the employee's supervisor
- \_\_\_\_\_ Discussion with the employee
- \_\_\_\_\_ Other. Please explain: \_\_\_\_\_

5. Please indicate the status of the employee's release for duty.

- \_\_\_\_\_ Fully, unrestricted duty. Please *skip* question 6 and proceed to question 7.
- \_\_\_\_\_ Modified duty. You must complete question 6.
- \_\_\_\_\_ Not released for any type of duty.

6. If you are releasing the employee to modified work duty, you must complete this section thoroughly.

a. Estimated date that employee will be able to return to full, unrestricted duty:

\_\_\_\_\_.

b. Date of your next evaluation of the employee: \_\_\_\_\_.

c. Indicate the exact work restrictions which apply to the employee at this time below:

7. I hereby certify that the foregoing facts are true and correct, and are executed under penalty of perjury in \_\_\_\_\_, California this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
**Signature of Treating Physician or Practitioner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Print Name of Treating Physician or Practitioner*

\_\_\_\_\_  
*Phone Number*