



COUNTY *of* VENTURA

County Executive Office Human Resources Benefits

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Internet: <https://hr.venturacounty.gov/benefits>

Intranet: <http://myvcweb/index.php/hr/benefits/home>

October 6, 2025

Subject: Employee Notices Available

Enclosed are important annual required and voluntary employee notices. As part of our commitment to reducing waste and managing costs, these notices are available in digital format at <https://hr.venturacounty.gov/benefits>. A QR code is provided below for direct viewing.

To request a paper copy, contact benefits.servicerep@venturacounty.gov.



Please Note: The Medicare Part D Prescription Drug Creditable Coverage notice is located on page 1 of this document. Please review the notice for your options under Medicare Part D Prescription Drug coverage.

2026 Annual Employee Notices

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Medicare Part D Creditable Coverage Notices

Important Notice from The County of Ventura About Your Prescription Drug Coverage and Medicare

Read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the County of Ventura-sponsored medical plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan.

If you are considering enrolling, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is on this notice.

The County of Ventura has determined that your prescription drug coverage with County-sponsored medical plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is therefore considered Creditable Coverage.

Effective January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer additional coverage for a higher monthly premium.

Because the County-sponsored medical plans and prescription coverage are on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

People with Medicare may enroll in a Medicare prescription drug plan from October 15 through December 7 of each year. However, if you lose your current County-sponsored medical plan and prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to enroll in a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your County-sponsored medical plan and its respective prescription drug coverage, be aware that you will not be able to get this coverage back.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

It is important to remember that your current coverage pays for other health expenses in addition to prescription drugs. You will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the County-sponsored medical plans, and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without creditable prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

If you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following October to enroll.

For more information about this notice or your current prescription drug coverage, please contact our office by email at Benefits.ServiceRep@venturacounty.gov or by phone at (805) 654-2570.

NOTE: You may receive this notice at other times in the future, such as before the next period during which you can enroll in Medicare prescription drug coverage, and if this coverage changes. You may also request a copy at any time.

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare or you can get a copy of this handbook by contacting Medicare or visiting their website. Upon reaching Medicare eligibility, you may also be contacted directly by Medicare prescription drug plans. You can obtain more information about Medicare prescription drug plans from the following:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see the "Medicare & You" handbook).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at: 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to enroll in a plan with Medicare prescription drug coverage, you may be required to provide a copy of this notice when you enroll to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

County of Ventura CEO/Human Resources/Benefits
800 South Victoria Avenue, Ventura, CA 93009-1970
Tel.: 805-477-1580 Fax: 805-654-2665

Date: October 06, 2025

Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA)

This notice is in compliance with Title X of the *Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA)* and *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*.

You and/or your eligible dependents are entitled to continue coverage under the County's group health plans in a number of situations that would otherwise mean the end of coverage. A monthly premium equal to the full cost for active employees, plus a 2% administrative charge will be charged for this coverage. (For those who are eligible for 29 months of continuation coverage due to disability, premiums after the initial 18 months will equal 150% of the full active employee premium.)

These events qualify for coverage:

1. If your employment with the County of Ventura ends or if your hours are reduced below the number required to continue your medical, dental or vision coverage (including expiration of eligibility for coverage while on leave of absence), you and/or your spouse and/or other currently covered dependents (i.e., dependent children of you or your spouse) may continue coverage for up to 18 months. However, termination due to gross misconduct cancels eligibility for this benefit. Federal COBRA laws and regulations do not apply to domestic partners or their dependent children.

If you or a covered dependent are determined to be disabled under the Social Security Act (SSA) at any time during the first 60 days of COBRA continuation coverage, you and your eligible dependents may be eligible to continue coverage for up to 29 months from the date active employee coverage ended if you notify your employer of the disability within 60 days of the SSA determination, *and* before the end of the original 18-month COBRA coverage period.

If a child is born to you or placed with you for adoption during your COBRA coverage, that child will be eligible for coverage as a qualified beneficiary.

2. If one of the following events occurs, your spouse's and other dependents' coverage may be continued for up to 36 months:
 - Your death,
 - Your divorce or legal separation,
 - A dependent child exceeds the maximum age for coverage,
 - You become entitled to Medicare benefits and lose your eligibility for continuation of benefits

Notify County of Ventura Human Resources Benefits, in writing, as soon as any of these events occur. You and/or your dependents may lose the right to continuation benefits if notification to the County is not made within 60 days of the event.

To qualify for coverage under COBRA, you must respond to the COBRA Administrator's COBRA Notice by submitting the required forms and making the payments by the payment due dates specified. The COBRA election form must be mailed (postmarked) within 60 days of either the qualifying event or the notification of your rights (whichever is later).

Upon enrollment and payment for the COBRA coverage, your extended benefits will be effective as of the date following the qualifying event (date coverage ended), so there is no break in coverage. Extended coverage would end automatically if any of these situations occur:

1. The County stops providing group health benefits to its employees.
2. Required premiums are not paid when due.
3. A person eligible for continued benefits becomes covered, as an employee or otherwise, under another group health plan which does not have an applicable preexisting condition clause (or the clause does not apply because of *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* restrictions on preexisting condition clauses).
4. A person eligible for continued benefits first becomes entitled to benefits under Medicare.
5. The maximum period of COBRA eligibility expires.
6. Disability ends for a person who has exhausted their 18 months of COBRA coverage but is within the 11-month disability extension.

CalCOBRA Extension

AB1401 was passed by the California Legislature in September 2002. This legislation expanded the COBRA eligible period to 36 months for all events for all employees who elect COBRA coverage on or after January 1, 2003. The additional continuation will apply to medical coverage only, and only to residents of California.

Employees who terminate employment and elect federal COBRA are eligible for continuation coverage of their medical, dental and/or vision coverage for up to 18 months at a rate that is 102% of the applicable rate. Once they exhaust their federal COBRA and if they are a resident of California, they may elect the additional continuation coverage mandated by AB1401 and remain covered under their medical plan only for an additional 18 months at a rate that is 110% of the applicable rate. Disability extensions and qualifying events are still factors. If someone is disabled, is so certified by Social Security, and reports it within the required time frames, their federal COBRA will extend up to 11 months after the first 18 months at a rate that is 150% of the applicable rate. After this 29-month period is over, the 150% rate would still apply for the remaining seven months of continuation available under AB1401.

Another provision in AB1401 stipulates that any conversion plans offered to employees who terminate after September 1, 2003, must be one of the carrier's HIPAA Guaranteed Issue individual plans. Qualified applicants must make written application and initial premium payment within 63 days of termination of their group coverage, rather than 31 days.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in a County of Ventura health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a County of Ventura health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 60 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 60-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first day of the pay period following the payroll process period your enrollment was received. In addition, you may enroll in a County of Ventura health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the pay period following the payroll processing period your enrollment was received. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

Medicare and the Active Worker

If you are an active employee and have reached the age of 65, you may be wondering about Medicare. You should receive an advisory notice from Medicare about 4 months before your 65th birthday for your initial enrollment period. Here is some information that you should know about your Medicare options when working beyond age 65:

- You may not enroll in a Medicare Supplemental plan until you retire or are otherwise not eligible for the group plan.
- You have the option of enrolling in Medicare Part B (medical) coverage at your cost. If you do so, your Group Health medical plan remains your primary and Part B (which does have a fee involved) would coordinate as secondary coverage to your Group Health medical plan.
- When you reach age 65, you must complete the Group Health Certification of Medicare Status form to report either your enrollment in Medicare Part B or your deferment until retirement.
- Once you retire, you must sign up for Part B with Medicare during the eight months following the month that your group health plan coverage or employment ended (whichever is first also known as the Special Enrollment Period).
- If you choose to defer Part B, please be aware that there may be a 10% federal surcharge added to the monthly premium for every 12-month period that you were qualified to sign up for Medicare but did not enroll.
- Upon retirement, you will be transferred to the Medicare plan, assuming that you meet other eligibility requirements.

For additional information on Medicare and your related benefit options, contact the Centers for Medicare & Medicare Services (1-800-633-4227) or go to www.medicare.gov.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in California, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in California, you may be eligible for assistance paying your employer health plan premiums.

CALIFORNIA – Medicaid	
Website:	https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone:	916-440-5676

For a complete list of states that offer a premium assistance program as of July 31, 2025: <https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf>.
Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

Lactation Policy

Under California law, employees have a right to accommodation for their lactation needs. The County expects that an atmosphere of tolerance regarding breastfeeding in the workforce will be maintained at all times. The County supports employees and management in the creation of a positive, accepting attitude toward working women who breastfeed. Discrimination and/or harassment of breastfeeding mothers in any form is unacceptable and may subject the offender to disciplinary action. For more information, please contact WorkLife@venturacounty.gov.

Availability of Summary Health Information (SBCs) Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: <https://hr.venturacounty.gov/benefits>. A paper copy is also available, free of charge, by calling 1-805-654-2570.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for County of Ventura describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

California-Specific Benefit Update (SB 729)

As a California-based employer, we are including information about a new state-mandated benefit under Senate Bill 729.

Beginning January 1, 2026, County of Ventura–sponsored Blue Shield health plans will offer expanded coverage for infertility diagnosis and treatment. This includes:

- Up to three egg retrievals
- Unlimited embryo transfers Coverage applies to eligible employees and dependents and is provided in compliance with California’s Fertility Coverage Mandate (SB 729).

If you have questions about this new benefit or how it may apply to your coverage, please contact Blue Shield customer service using the number on the back of your insurance card. You can also refer to the “Who Do I Contact” section in this packet or visit the: <https://hr.venturacounty.gov/benefits>.

Primary Care Provider Patient Protection Notice

Ventura County HealthCare Plan, Blue Shield ACO Trio, and Blue Shield Access Plus require you to choose a primary care provider (PCP) from their network. If you don’t select one or your chosen provider is unavailable, the plan will assign one for you. You may change your PCP by contacting the plan directly.

You may also designate a pediatrician as your child’s PCP.

No prior authorization is needed to access OB/GYN care from in-network specialists. However, some services may require prior approval or follow specific procedures.

For help selecting a PCP or finding OB/GYN providers, use the “Who Do I Contact” link to contact the plans directly or visit the Benefits website and utilize the corresponding plan’s provider search tool <https://hr.venturacounty.gov/benefits/py2026>.

Family and Medical Leave Act (FMLA)

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your employer **may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your employer **must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your employer **cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your employer **must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your employer **must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **doL.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME



Paid Disability Leave (PDL)

YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE



Civil Rights
Department
STATE OF CALIFORNIA

YOUR EMPLOYER* HAS AN OBLIGATION TO:

- Reasonably accommodate your medical needs related to pregnancy, childbirth, or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
- Transfer you to a less strenuous or hazardous position (if one is available) or duties if medically needed because of your pregnancy;
- Provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff;
- Provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code; and
- Never discriminate, harass, or retaliate on the basis of pregnancy.

FOR PREGNANCY DISABILITY LEAVE:

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy, childbirth, or related medical condition. Your health care provider determines how much time you will need.
- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same or a comparable position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, and doctor-ordered bed rest, and covers conditions such as severe morning sickness, gestational diabetes, pregnancy-induced hyper-tension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.
- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.
- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.

NOTICE OBLIGATIONS AS AN EMPLOYEE:

- Give your employer reasonable notice. To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, or as soon as practicable if the need is an emergency or unforeseeable.
- Provide a written medical certification from your health care provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See if your employer has a copy of a medical certification form to give to your health care provider to complete.
- Please note that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

ADDITIONAL LEAVE UNDER THE CALIFORNIA FAMILY RIGHTS ACT (CFRA):

Under the California Family Rights Act (CFRA), if you have more than 12 months of service with an 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 a family care or medical leave (CFRA leave). This leave may be up to 12 workweeks 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***, spouse, domestic partner, grandparent, grandchild, or sibling. Employers may pay their employees while taking CFRA leave, but employers are not required to do so, unless the employee is taking accrued paid time-off while on CFRA leave. Employees taking CFRA leave may be eligible for California's Paid Family Leave (PFL) program, which is administered by the Employment Development Department (EDD).

If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied PDL or CFRA leave, file a complaint with CRD.

TO FILE A COMPLAINT

Civil Rights Department

calcivilrights.ca.gov/complaintprocess

Toll Free: 800.884.1684

TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, CRD can assist you with your complaint. Contact us through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).

* PDL, CFRA leave, and anti-discrimination protections apply to employers of 5 or more employees; anti-harassment protections apply to employers of 1 or more.

** "Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of an employee or the employee's domestic partner, or a person to whom the employee stands in loco parentis.

*** "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

California Family Rights Act (CFRA)



Under California law, you may have the right to take job-protected leave to care for your own serious health condition or a family member with a serious health condition, or to bond with a new child (via birth, adoption, or foster care). California law also requires employers to provide job-protected leave and accommodations to employees who are disabled by pregnancy, childbirth, or a related medical condition.

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, and if we employ five or more employees, you may have a right to a family care or medical leave (CFRA leave). This leave may be up to 12 workweeks 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, parent-in-law, grandparent, sibling, spouse, or domestic partner. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement-for pregnancy disability it is to the same position and for CFRA it is 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 a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, 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.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your family member who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a 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 a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact your employer.

If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied PDL or CFRA leave, file a complaint with CRD.

TO FILE A COMPLAINT

Civil Rights Department
civildights.ca.gov/complaintprocess
Toll Free: 800.884.1684
TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, CRD can assist you with your complaint. Contact CRD through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).

California Paid Family Leave (PFL)



About Paid Family Leave

Paid Family Leave program was created for the moments that matter. Benefits are available to care for a seriously ill family member, to bond with a new child, or participate in a qualifying military event.

Facts About Paid Family Leave

- Provides up to eight weeks of partial-wage-replacement benefits. Leave doesn't have to be taken all at once.
- Provides approximately 70 to 90 percent of your weekly salary.
- Funded through your State Disability Insurance tax withholding, noted as "CASDI" on paystubs, or a qualifying voluntary plan paid into in the past 5 to 18 months.
- To bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family.
- Citizenship and immigration status do not affect eligibility.

What if My Claim Is Denied?

If your claim is denied, you have the right to:

- Know the reason for denial.
- Appeal decisions about your eligibility for benefits. Visit [Appeals](https://edd.ca.gov/en/Disability/Appeals) (edd.ca.gov/en/Disability/Appeals) for more information.

All claim information is confidential except for purposes allowed by law.



For more information, visit [Paid Family Leave](https://edd.ca.gov/PaidFamilyLeave) (edd.ca.gov/PaidFamilyLeave).

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.



Paid Family Leave

Be there for the moments that matter.

PFL Phone Number

Our toll-free number is **1-877-238-4373**. Representatives are available Monday through Friday from 8 a.m. to 5 p.m., except on holidays. After a brief message, you must select a language.

- Press 1 for English
- Press 2 for Spanish
- Press 3 for All Other Languages. Interpreter services are available free of charge.

TTY Phone Number

Our toll-free number is **1-880-445-1312**.

For more information, visit [State Disability Insurance](https://State.DisabilityInsurance.edd.ca.gov/en/Disability/Contact_SDI) (edd.ca.gov/en/Disability/Contact_SDI)



Does Paid Family Leave Provide Job Protection?

Paid Family Leave does not provide job protection. Job protection may be provided if you qualify under other laws:

- Federal [Family and Medical Leave Act](https://dol.gov/agencies/whd/fmla) (dol.gov/agencies/whd/fmla).
- California Family Rights Act. [Civil Rights Department](https://calcivilrights.ca.gov) (calcivilrights.ca.gov).

Notify your employer of your plan to take leave and the reason for taking leave according to your company's policy.

How Do I Apply for Benefits?

You can apply for Paid Family Leave benefits at [myEDD](https://myEDD.myedd.edd.ca.gov) (myedd.edd.ca.gov).

To file by mail, you must complete and submit a *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) form. Learn more at [File a Paid Family Leave Claim by Mail](https://File_a_Paid_Family_Leave_Claim_by_Mail.edd.ca.gov/en/disability/How_to_File_a_PFL_Claim_by_Mail) (edd.ca.gov/en/disability/How_to_File_a_PFL_Claim_by_Mail).

Caregiving Claims

Provide medical certification for your seriously ill family member who requires your care. This certification needs to be from their licensed health professional. You must also provide information about the family member you are caring for and their signature.

Bonding Claims

Provide documents that show your relationship to your child. This can be a copy of your child's birth certificate, adoptive placement agreement, or foster care placement record.

If you are currently receiving pregnancy-related Disability Insurance benefits, it is not necessary to request a Paid Family Leave claim form. The form to file for bonding will be sent through your [myEDD](https://myEDD.myedd.edd.ca.gov) (myedd.edd.ca.gov) account or by mail when your pregnancy-related disability claim ends.

Military Assist Claims

Military assist claims require two types of supporting documents. This can be proof of covered active duty or call to covered active duty and documentation of the qualifying event.

Voluntary Plans

If you are covered by a voluntary plan, contact your employer for information about your coverage and instructions on how to apply for benefits.



Do I Qualify for Paid Family Leave?

To qualify for Paid Family Leave benefits, you must:

- Take time off from work to care for a seriously ill family member, to bond with a new child or to participate in a qualifying military event.
- Be covered by State Disability Insurance or a voluntary plan in lieu of State Disability Insurance.
- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

How Are Benefit Amounts Calculated?

Benefits are 70 to 90 percent of your highest quarterly earnings 5 to 18 months before your claim begins.

Estimate your benefits at [Disability Insurance and Paid Family Leave Calculator](https://DisabilityInsuranceandPaidFamilyLeaveCalculator.edd.ca.gov/PFL_Calculator) (edd.ca.gov/PFL_Calculator).

Uniformed Services Employment and Reemployment Rights Act (USERRA)



YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <https://www.dol.gov/agencies/vets/>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra>
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <https://www.dol.gov/agencies/vets/programs/userra/poster>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365

U.S. Department of Justice

Office of Special Counsel

ESGR
EMPLOYER SERVICE GROUP
1-800-336-4590

Publication Date — May 2022

Reproductive Loss Leave

LEAVE FROM WORK AFTER A REPRODUCTIVE LOSS



FACT SHEET

The Fair Employment and Housing Act (FEHA), enforced by the Civil Rights Department (CRD), protects the right of most California employees to take up to five days of leave from work after a reproductive loss. This fact sheet discusses who is eligible to take reproductive loss leave, when they can take it, how much leave is available to them, and whether they can get paid while they are out. It also covers protections against retaliation related to reproductive loss leave and what an employee can do if their employer does not follow the law. For more information, see [Government Code section 12945.6](#).

DEFINITIONS

A reproductive loss event is any of the following:

- Miscarriage
- Stillbirth
- Failed adoption – for example, if a birth mother or legal guardian breaches or dissolves an adoption agreement, or if an adoption is not finalized for another reason
- Failed surrogacy – for example, if a surrogate breaches or dissolves a surrogacy agreement, or if an embryo transfer fails
- Unsuccessful assisted reproduction – for example, a failed intrauterine insemination or embryo transfer

ELIGIBILITY

- Employees who work for public employers of any size – or private employers with five or more employees – and have worked for the employer for at least 30 days before taking leave are eligible.
- An employee can take leave following their own reproductive loss event or that of another person – such as a spouse or

partner – if the employee would have been the parent of the child born or adopted.

- It is against the law for an employer to interfere with or deny an employee's right to take leave after a reproductive loss if they meet the above criteria.

TIMING AND DURATION OF LEAVE

The law requires employers to provide eligible employees with a minimum of five days of leave for a reproductive loss event. Employees can, but do not have to, take their leave days consecutively. This means they can choose to take all five days at once or break up the days over a longer period, as long as their leave is completed within three months of the reproductive loss event.

If an employer has an existing leave policy that applies to reproductive loss events, the employee must take reproductive loss leave according to that policy. An employer's policy may provide for more leave than the legally required minimum.

When a single reproductive loss event occurs over several days, the law treats it as one event.

If an employee experiences more than one reproductive loss event in a year, they are entitled to no more than 20 days of reproductive loss leave in that one-year period unless an individual employer's leave policy provides for more time.

Reproductive loss leave is separate from, and in addition to, other types of leave to which employees are entitled. Examples include, leave to care for one's own serious health condition or that of certain family members available under the California Family Rights Act (CFRA) and Family and Medical Leave Act (FMLA), or leave for disabilities related to [pregnancy or childbirth](#) available under FEHA. If an employee is on

REPRODUCTIVE LOSS LEAVE

FACT SHEET



another type of leave during the reproductive loss event, they can take reproductive loss leave within three months of finishing the other form of leave.

PAY DURING REPRODUCTIVE LOSS LEAVE

Some employers have paid leave policies that cover reproductive losses. Employers that do not have an applicable paid leave policy must let employees use any available vacation time, sick days, personal days, or PTO to cover their reproductive loss leave so they can get paid. Otherwise, reproductive loss leave may be unpaid.

RIGHT TO CONFIDENTIALITY

In general, employers are required to keep confidential any information an employee provides when exercising their right to reproductive loss leave. Employers are, however, allowed to disclose this information when required by law or to internal personnel or legal counsel when necessary. The law does not require an employee to submit documentation in support of their leave request.

UNLAWFUL RETALIATION

It is against the law for an employer to retaliate against an employee who exercises their right to reproductive loss leave. This means an employer cannot fire, demote, fine, suspend, discipline, or otherwise discriminate against someone for requesting or taking reproductive loss leave.

In addition, an employer cannot retaliate against an employee for testifying about their own – or someone else's – reproductive loss leave during a legal proceeding involving this right.

FILING A COMPLAINT

If an employee thinks their employer violated their right to reproductive loss leave, or retaliated against them in relation to this type of leave, they have three years to file a complaint with CRD. CRD will issue a right-to-sue so the employee can pursue their case in civil court. They cannot file an employment discrimination lawsuit in court without receiving a right-to-sue from CRD. CRD may also investigate the complaint.

If, after an investigation, CRD finds reasonable cause that the employer broke the law, it may require the parties to go to mediation in order to try reach a settlement and, if the complaint can't be settled, CRD may file a lawsuit on behalf of the employee. Possible remedies include:

- Forcing the employer to change its policies or practices
- Getting the worker hired or re-hired
- Requiring the employer to undergo training
- Damages (money) for emotional distress

An employee can file a complaint in one of three ways:

- Online by creating an account and using our interactive [California Civil Rights System \(CCRS\)](#)
- By mail using a printable [intake form](#)
- By calling our communication center at 800.884.1684 (Toll Free), 800.700.2320 (TTY), or California's Relay Service at 711

CRD can provide reasonable accommodations for people with disabilities during the complaint process.

For translations of this guidance, visit: calcivilrights.ca.gov/posters/employment

Victim of Domestic Violence & Survivor Leave Rights

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS

NOTICE



Note: Employers must provide this information to workers when hired, annually, upon request, and to any worker who informs the employer that they are a victim of violence or the family member of a victim of violence. Victims of violence include victims of domestic violence, sexual assault, stalking, violent threats, acts involving the use or presence of a dangerous weapon, or any violence causing injury.

YOUR RIGHT TO TAKE TIME OFF

- You have the right to take time off work for jury service or to appear in court as a witness to comply with a subpoena or court order. All employees have this right, no matter the size of the employer.
- If you are a victim of violence, you have the right to take time off work to get relief (like a restraining order) to protect you or your child's health, safety, or welfare. All employees have this right, no matter the size of the employer.
- If you are a victim of violence or the family member of a victim of violence, and your employer has 25 or more workers, you have the right to take time off work for any of the following reasons:
 - To take part in safety planning or other actions to help keep you or your family member safe from future violence
 - To prepare for, participate in, or attend civil, administrative, or criminal legal proceedings, such as a court hearing, related to the violence
 - To seek, get, or provide childcare or care to a dependent adult if the care is necessary to keep the child or adult safe after an act of violence
 - To care for a family member recovering from injuries caused by violence
 - To get, or help a family member get, the following services relating to the violence: civil or criminal legal services; a restraining order or other relief; medical attention for injuries; services from a domestic violence shelter or program, rape crisis center, or victim

services organization or agency; psychological counseling; mental health services; or housing, including relocating, securing temporary or permanent housing, and enrolling children in a new school or childcare

- If you are a victim of violence or the family member of a deceased victim of violence, you can take up to 12 weeks off work for any of these reasons. If you are the family member of a living victim of violence but are not yourself a victim, you may take up to 10 days off work for these reasons, with the exception of relocation, for which you can take up to five days.
- You may use available vacation, paid time off, personal leave, or paid sick leave to take time off for any of the reasons described in this notice.
- You must give your employer advance notice before taking time off, unless it is not possible. If you do not give advance notice, your employer cannot discipline you if you provide documentation to the employer within a reasonable time supporting the reason for your absence.

YOUR RIGHT TO CONFIDENTIALITY

- If you are a victim or the family member of a victim, your employer must keep information about your request for time off or reasonable accommodation confidential unless federal or state law requires disclosure, or disclosure is necessary to protect your safety at work. If your employer plans to disclose information about you or your circumstances, your employer must tell you in advance.

CRD E20N-ENG / May 2025

SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS

NOTICE



YOUR RIGHT TO REASONABLE ACCOMMODATION FOR YOUR SAFETY

- If you or your family member is a victim of violence, you have the right to ask for a reasonable accommodation to make sure you are safe at work. Your employer must work with you to see what changes can be made.
- Your employer can ask you for a statement certifying that your request is related to being a victim or the family member of a victim.

YOUR RIGHT TO BE FREE FROM RETALIATION AND DISCRIMINATION

Your employer cannot discipline you, treat you differently, or fire you because:

- You are a survivor or the family member of a victim or survivor of domestic violence, sexual assault, stalking, violent threats, or violence causing injury.
- You asked for time off work to recover from or get help related to the violence.
- You asked for accommodations to make sure you are safe at work.

YOU MAY ALSO HAVE PROTECTIONS UNDER OTHER LAWS:

- **Wage Replacement:** You may be eligible for wage replacement if you are unable to work because of your health or because you need to care for a family member with a serious health condition. **State Disability Insurance (SDI)** provides short-term wage replacement when you are temporarily disabled from working. **Paid Family Leave (PFL)** provides short-term wage replacement so you can care for a seriously ill family member, among other reasons. Learn more or file a claim for wage replacement by contacting the Employment Development Department (EDD) online (<https://edd.ca.gov/>) or by phone at 800-480-3287 (for SDI) or 877-238-4373 (for PFL).

- **Family and medical leave:** Under the California Family Rights Act, you may have the right to take time off work for your own or a family member's serious health condition or because of the birth, adoption, or foster care placement of a child. Learn more about family and medical leave by visiting bit.ly/CRD-leave. You can file a complaint with CRD if you believe your rights have been violated.
- **Bereavement leave:** Bereavement leave allows eligible employees to take up to five days off work within three months of the family member's death. Leave does not need to be taken all at once. Learn more about bereavement leave protections by visiting bit.ly/CRD-Bereavement. You can file a complaint with CRD if you believe your rights have been violated.
- **Leave to attend court for certain crimes:** If you are a victim of certain crimes or the family member of a victim of certain crimes, you have the right to take time off work to attend related court proceedings under Labor Code sections 230.2 and 230.5. You can learn more information or file a complaint with the Labor Commissioner's Office within the Department of Industrial Relations by visiting bit.ly/DIR-Retaliation.

TO FILE A COMPLAINT

Contact the Civil Rights Department if you have questions about your rights or to file a complaint:

Civil Rights Department

Online at <http://ccrs.calcivilrights.ca.gov/s/>

By mail at 651 Bannan Street, Suite 200, Sacramento, CA 95811

By calling 800-884-1684 (voice), 800-700-2320 (TTY), or California's Relay Service at 711

For more information about your right to leave and accommodations as a victim or the family member of a victim, visit bit.ly/CRD-Survivors-of-Violence-FAQ

CRD E20N-ENG / May 2025

Workplace Discrimination and Harassment Prevention

Civil Rights Department
STATE OF CALIFORNIA

CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION & HARASSMENT

The California Civil Rights Department (CRD) enforces laws that protect you from illegal discrimination and harassment in employment based on your actual or perceived:

- **ANCESTRY**
- **AGE** (40 and above)
- **COLOR**
- **DISABILITY** (physical, developmental, mental health/psychiatric, and HIV/AIDS)
- **GENETIC INFORMATION**
- **GENDER EXPRESSION**
- **GENDER IDENTITY**
- **MARITAL STATUS**
- **MEDICAL CONDITION** (genetic characteristics, cancer, or a record or history of cancer)
- **MILITARY OR VETERAN STATUS**
- **NATIONAL ORIGIN** (includes language restrictions and possession of a driver's license issued to undocumented immigrants)
- **RACE** (includes traits associated with race, such as hair texture and hairstyle)
- **RELIGION** (includes religious dress and grooming practices)
- **REPRODUCTIVE HEALTH DECISIONMAKING**
- **SEX/GENDER** (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- **SEXUAL ORIENTATION**

Civil Rights Department
STATE OF CALIFORNIA

CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION & HARASSMENT

THE FAIR EMPLOYMENT AND HOUSING ACT PROTECTS YOUR CIVIL RIGHTS AT WORK.

HARASSMENT

1. The law prohibits harassment of employees, applicants, unpaid interns, volunteers, and independent contractors by any person. This includes a prohibition against harassment based on any characteristic listed in this poster, including sexual harassment. The law prohibits harassment based on a single protected characteristic or a combination of two or more protected characteristics.
2. All employers must take reasonable steps to prevent all forms of harassment, and they must provide each employee with information about the illegal nature of sexual harassment and available legal remedies.
3. Employers with five or more employees and public employers must train their employees regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation.

DISCRIMINATION/REASONABLE ACCOMMODATIONS

1. California law prohibits employers with five or more employees and public employers from discriminating based on any protected characteristic listed in this poster when making decisions about hiring, promotion, pay, benefits, terms of employment, layoffs, and other aspects of employment. The law prohibits discrimination based on a single protected characteristic or a combination of two or more protected characteristics.
2. Employers cannot limit or prohibit the use of any language in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation.
3. Employers cannot discriminate against an applicant or employee because they possess a California driver's license or ID issued to an undocumented person.
4. Employers must reasonably accommodate the religious beliefs and practices of an employee, unpaid intern, or job applicant, including the wearing of clothing, jewelry, and facial or body hair that are part of an individual's observance of their religious beliefs.
5. Employers must reasonably accommodate an employee or job applicant with a disability to enable them to perform the essential functions of a job.
6. Employers cannot discriminate or retaliate against an employee because of their status, or because of their family member's status, as a victim of domestic violence, sexual assault, stalking, and certain other types of violence — as long as the employer knows of this status. Employers must also provide such employees safety-related reasonable accommodations.

ADDITIONAL PROTECTIONS

California law offers additional protections to those who work for employers with five or more employees. Some exceptions may apply. These additional protections include:

1. Specific protections and hiring procedures for people with criminal histories who are looking for employment protections against discrimination based on an employee or job applicant's use of cannabis off the job and away from the workplace

2. Up to 12 weeks of job-protected leave to eligible employees to care for themselves, a family member (child of any age, spouse, domestic partner, parent, parent-in-law, grandparent, grandchild, sibling) or a designated person (with blood or family-like relationship to employee); to bond with a new child; or for certain urgent military needs
3. Up to five days of job-protected bereavement leave within three months of the death of a family member (child, spouse, parent, sibling, grandparent, grandchild, domestic partner, or parent-in-law)
4. Up to four months of job-protected leave to employees disabled because of pregnancy, childbirth, or a related medical condition, as well as the right to reasonable accommodations, on the advice of their health care provider, related to their pregnancy, childbirth, or a related medical condition
5. Up to five days of job-protected leave following a reproductive loss event (failed adoption, failed surrogacy, miscarriage, stillbirth, or unsuccessful assisted reproduction)
6. Protections for an employee who takes time off work to serve on a jury, if they have given reasonable notice to the employer, or to testify in court
7. Protections for an employee who takes time off work to go to court or seek legal relief (such as a restraining order) after they are the victim of a crime or certain types of violence
8. Protections against retaliation when a person opposes, reports, or assists another person to oppose unlawful discrimination, including filing an internal complaint or a complaint with CRD

REMEDIES/FILING A COMPLAINT

1. The law provides remedies for individuals who experience prohibited discrimination, harassment, or retaliation in the workplace. These remedies can include hiring, front pay, back pay, promotion, reinstatement, cease-and-desist orders, expert witness fees, reasonable attorney's fees and costs, punitive damages, and emotional distress damages.
2. If you believe you have experienced discrimination, harassment, or retaliation, you may file a complaint with CRD. Independent contractors and volunteers: If you believe you have been harassed, you may file a complaint with CRD.
3. Complaints must be filed within three years of the last act of discrimination/harassment/retaliation. For those who are under the age of 18, complaints must be filed within three years after the last act of discrimination/harassment/retaliation or one year after their eighteenth birthday, whichever is later.

If you have been subjected to discrimination, harassment, or retaliation at work, file a complaint with the Civil Rights Department (CRD).

TO FILE A COMPLAINT

Civil Rights Department
calcivilrights.ca.gov/complaintprocess
Toll Free: 800.884.1884 / TTY: 800.700.2320
California Relay Service (711)

Have a disability that requires a reasonable accommodation? CRD can assist you with your complaint.

The Fair Employment and Housing Act is codified at Government Code sections 12900-12999. The regulations implementing the Act are at Code of Regulations, title 2, division 4.1.

Government Code section 12950 and California Code of Regulations, title 2, section 11023, require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather. Any employer whose workforce at any facility or establishment consists of more than 10% of non-English speaking persons must also post this notice in the appropriate language or languages.

For translations of this guidance, visit: www.cacivilrights.ca.gov/posters/required

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