



Paid Family Leave Employer Overview
State Disability Insurance Program
Employment Development Department



Five Things To Know About Paid Family Leave

1

Provides up to 8 weeks of partially paid leave in a 12-month period.

2

Three Claim Types:
Care
Bonding
Military Assist

3

Can be used intermittently over a 12-month period.

4

There is no waiting period. Payment begins the first day of leave.

5

State Disability Insurance (SDI) is employee funded. It is not government assistance.



Paid Family Leave and Caregivers

California's Paid Family Leave (PFL) pays eligible employees up to eight weeks of benefits to be there for the moments that matter most.

PFL Care provides partially paid leave if you are:

- ▶ Caring for a seriously ill or injured child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- ▶ Caring for an out-of-state or out-of-country family member.

You receive approximately 60 to 70 percent of your salary while using PFL.

Paid Family Leave and Bonding

PFL Bonding provides up to eight weeks of partially paid leave for parents to bond with a new child within the child's first year.

- ▶ Use to bond with a biological, foster, or adopted child.
- ▶ Requires documentation showing proof of relationship such as the child's birth certificate, birth record, or foster/adoptive placement agreement.

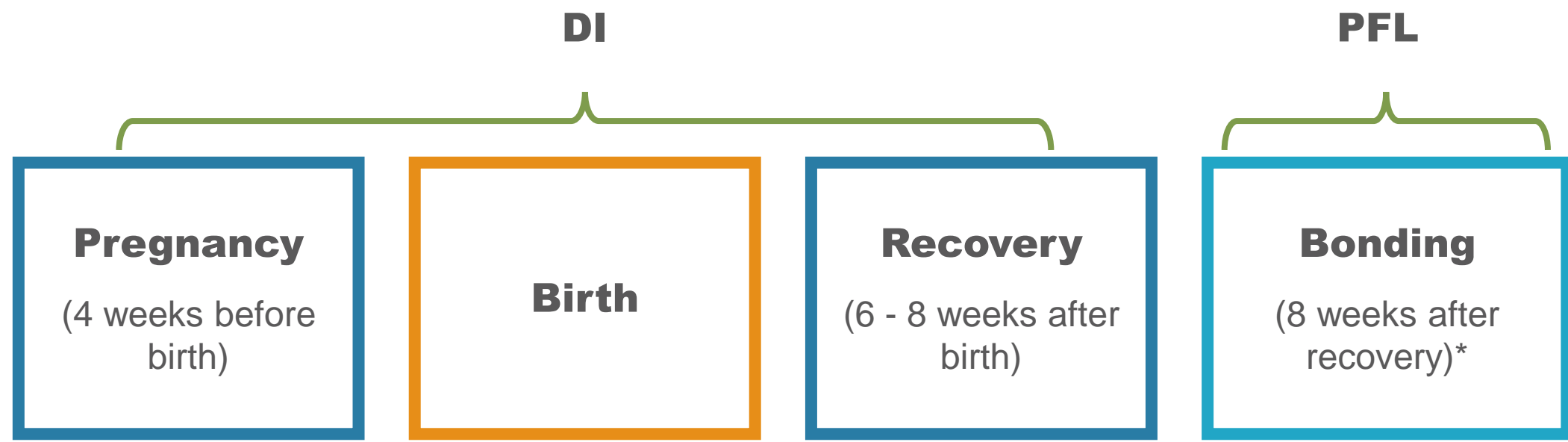
Employees receive approximately 60 to 70 percent of their salary while using PFL.



Disability Insurance, Paid Family Leave, and New/Expecting Mothers



New mothers file for Disability Insurance (DI) followed by PFL, for example:



*Your employees can break up their eight weeks of PFL. They do not have to use it all at once.



Paid Family Leave and Military Assist

PFL Military Assist pays eligible workers up to eight weeks of benefits to assist a spouse, registered domestic partner, parent, or child in the US Military during a qualifying event.

- ▶ A qualifying event is defined as a military event or essential need resulting from the family member's order, call, or notification of deployment to a foreign country.
- ▶ Requires supporting military documentation and supporting documentation for the qualifying event.

You receive approximately 60 to 70 percent of your salary while using PFL.

Filing a Paid Family Leave Claim

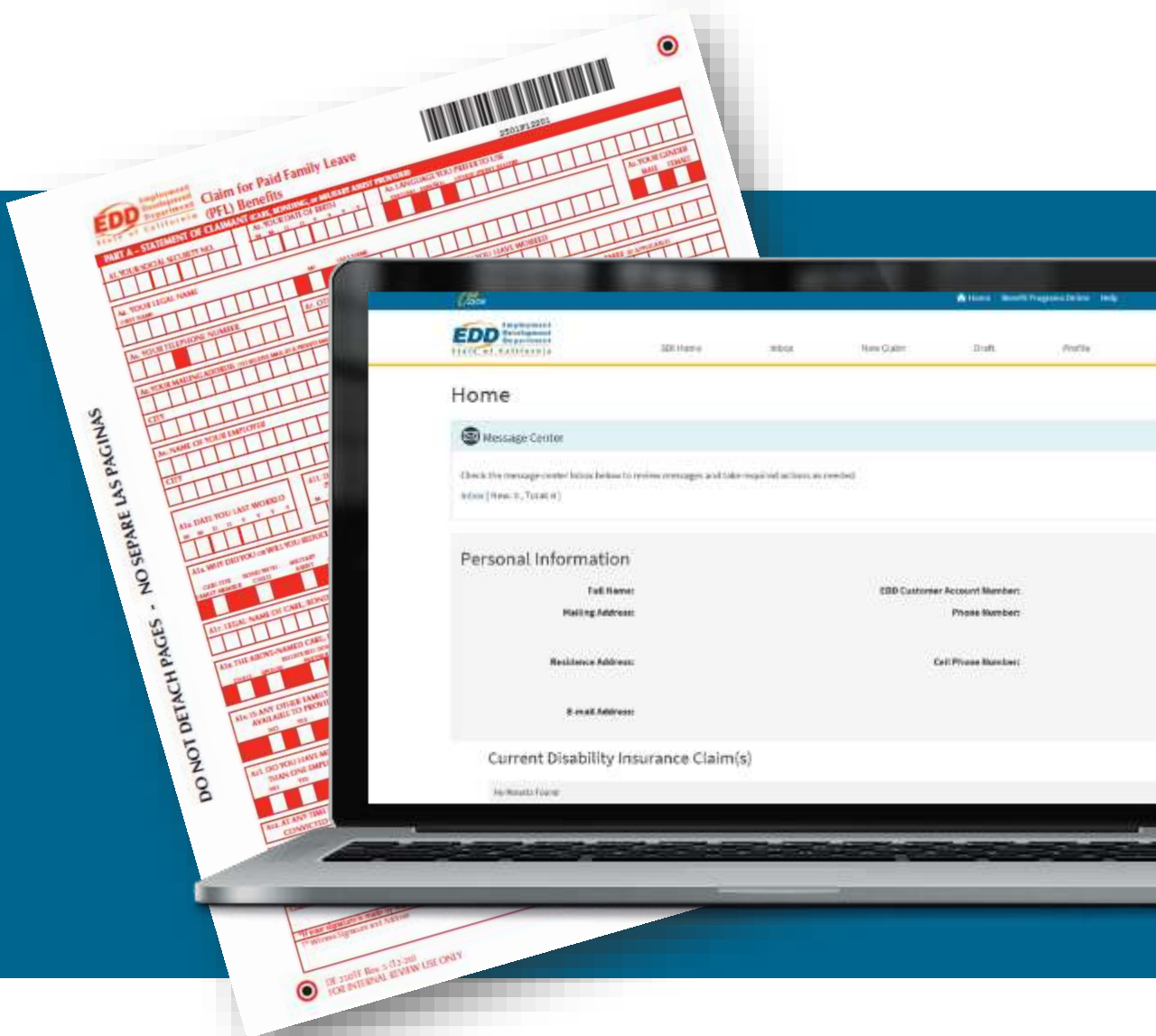
Your employee must complete and submit their PFL claim within 41 days from the date their family leave begins by:



SDI Online: Filing electronically through SDI Online is strongly recommended because it expedites the review process.



Mail



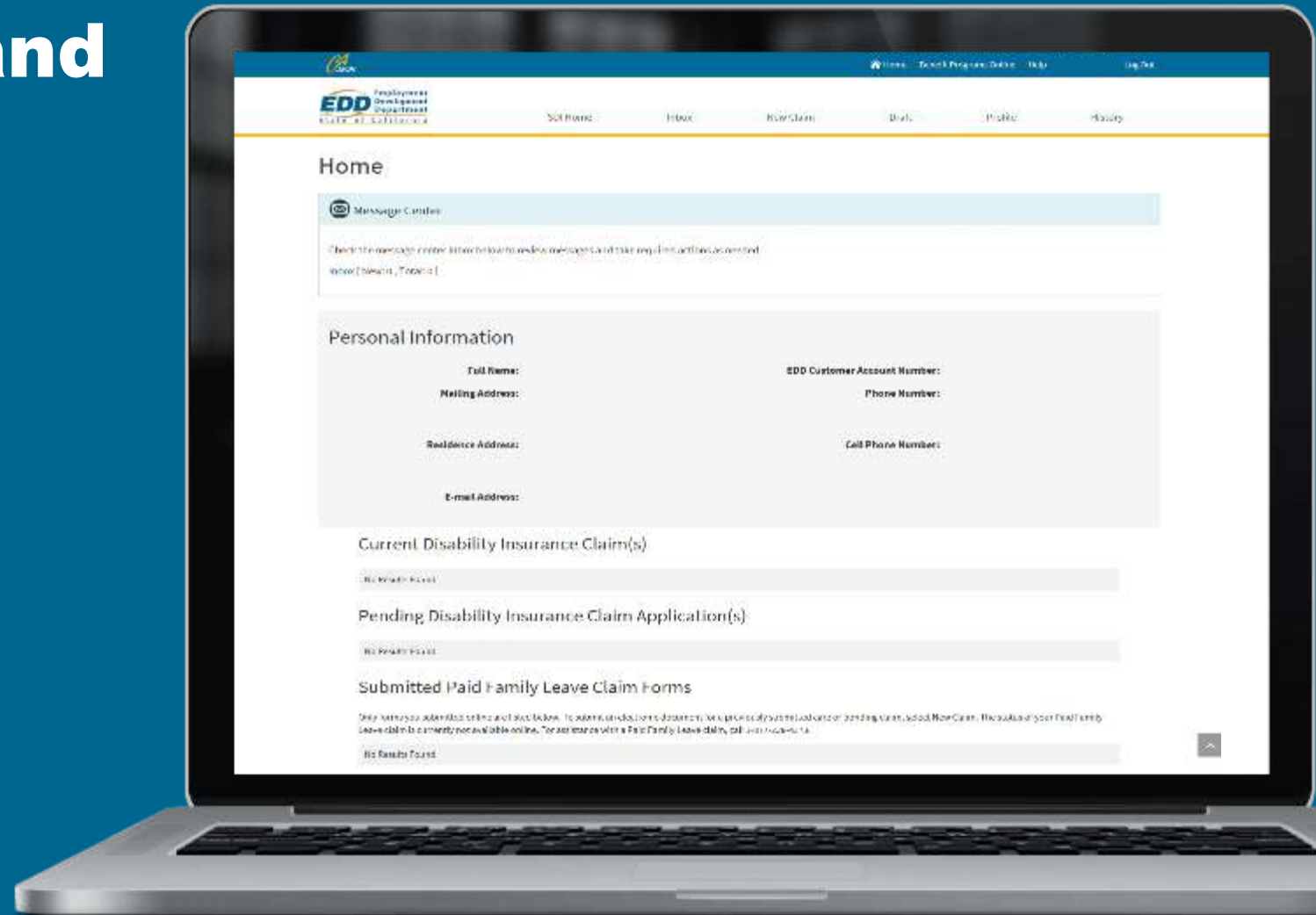
*A PFL claim form will be mailed to new moms at the end of their pregnancy-related DI claim.

Paid Family Leave and SDI Online

SDI Online is a fast, convenient, and secure way to submit a PFL claim online. If employees file electronically, they do not send in the paper form.

Employers may also submit forms (DI only) and update contact information through SDI Online.

Create or access your account by visiting [SDI Online](https://edd.ca.gov/en/disability/SDI_Online/) (edd.ca.gov/en/disability/SDI_Online/).





Claim for Paid Family Leave (PFL) Benefits



2501F12001

PART A - STATEMENT OF CLAIMANT (CARE, BONDING, OR MILITARY ASSIST PROVIDER)

A1. YOUR SOCIAL SECURITY NO.	A2. YOUR DATE OF BIRTH	A3. LANGUAGE YOU PREFER TO USE

A4. YOUR LEGAL NAME	A5. YOUR GENDER

A6. YOUR TELEPHONE NUMBER	A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A8. YOUR MAILING ADDRESS	A9. YOUR EMPLOYER'S MAILING ADDRESS

A10. NAME OF YOUR EMPLOYER	A11. EMPLOYER'S PHONE NUMBER

A12. DATE YOU LAST WORKED	A13. DATE YOU WANT YOUR CLAIM TO BEGIN	A14. DATE YOU RETURNED OR WILL RETURN TO WORK	A15. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?

A16. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING?	A17. WHAT IS YOUR OCCUPATION?

A18. LEGAL NAME OF CARE, BONDING, OR MILITARY ASSIST PROVIDER	A19. SELECT YOUR PREFERRED PAYMENT METHOD

A20. THE ABOVE-NAMED CARE, BONDING, OR MILITARY ASSIST RECEIPT IS YOUR:

A21. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS?	A22. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?

A23. DID YOU HAVE MORE THAN ONE EMPLOYER DURING YOUR FAMILY LEAVE?	A24. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY:	A25. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?

A26. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE?

A27. Declaration and Signature. By my signature on this claim statement I (I) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for, bonding with, or participating in a qualified event with the employee named above (I) authorize EDD to release my personal information as shown on this claim as the claim requires, except information which may be necessary to file a claim for D of this state or another state or to determine if I am eligible for unemployment benefits or to determine if I am eligible for a violation of California law prohibited by my supervisor or the law (or both), I declare under penalty of perjury that the foregoing statements, including any accompanying statements in oral form of my knowledge and belief are correct and complete. I agree that disclosure of this claim statement shall be as valid as the original and I understand that such disclosure is contained by this claim statement and general for a period of 10 years from the date of my signature or the effective date of the claim, whichever is later.

Claimant's Signature	If signature is made by mark (X), please place mark here.	Claimant's Signature

If your signature is made by mark (X), it must be attested by two witnesses with their addresses

Witness Signature and Address	Witness Signature and Address

DE 2501F Rev 5 (12-20) FOR INTERNAL REVIEW USE ONLY

DO NOT DETACH PAGES - NO SEPARA LAS PAGINAS

Filing a Paid Family Leave Claim



By mail
Employees filing a claim for PFL must properly complete and submit the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F).

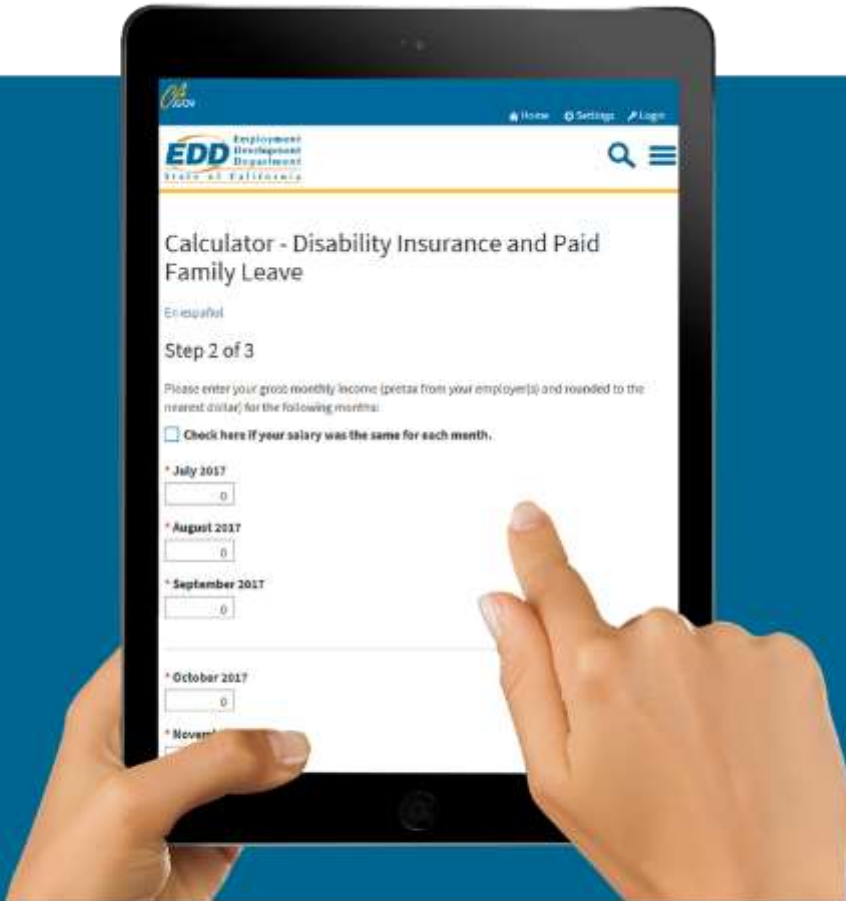
New mothers transitioning from a pregnancy-related DI claim to a PFL bonding claim will automatically receive a *Claim for Paid Family Leave (PFL) Benefits – New Mother* (DE 2501FP) after the final DI payment.

Obtain the DE 2501F application by ordering through Online Forms and Publications (forms.edd.ca.gov/forms), or by calling 1-877-238-4373.

*Spanish applications are available for download only through Online Forms and Publications.



Calculating the Benefit Amount



Your employees' weekly benefit amount is determined by the highest quarter of earnings in their "base period" (wages subject to SDI tax earned 5-18 months prior to their claim start date).

The "base period" covers a 12-month period and is broken into four consecutive quarters. For example, if an employee's PFL claim begins in April, May, or June, the weekly benefit amount is calculated from their highest quarter of earnings between January 1 and December 31 of the prior year.

Your employees can simplify this process by using the [Paid Family Leave Calculator](https://edd.ca.gov/en/disability/PFL_Calculator/) (edd.ca.gov/en/disability/PFL_Calculator/) to estimate their weekly benefit amount.

Determining Paid Family Leave Eligibility

Has your employee paid into California's SDI program (usually noted as CASDI on a paystub) in the past 5-18 months prior to taking leave?

- ▶ **“YES”** – They are most likely eligible for benefits.
- ▶ **“NO”** – Not all employees pay into SDI, so they may not be eligible for benefits.

Employees should review paystubs before assuming eligibility.

Eligibility is **not** based on length of service or the number of employees your company has on staff.

Citizenship and immigration status do **not** affect eligibility.

Payment is not guaranteed until the claim has been approved by the EDD.

Only eight weeks of benefits can be claimed per 12-month period.



Employment Status and Paid Family Leave



Eligibility is determined by whether the employee has contributed to California's SDI in the past 5-18 months.



Unemployed Californians must have collected Unemployment Insurance or be actively looking for work to qualify for PFL.

Seasonal and part-time employees may still qualify for PFL.



Self-employed individuals may be eligible if they are contributing to the Disability Insurance Elective Coverage program.



PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017



2503F1220

RETURN TO: → EDD—PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017

If employer name and/or address differs from that shown at left, please correct here:

NOTICE OF PAID FAMILY LEAVE (PFL) CLAIM FILED

EMPLOYEE'S NAME	SSN	REPORTED LAST DAY AT WORK	PFL CLAIM DATE
1. If the employee shown above is NOT your employee, please check this box and return this form <input type="checkbox"/>			
2. Do your records show a different last day at work than shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide correct last day at work (MM DD YY):			
3. Has the employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, date returned to work (MM DD YY): <input type="checkbox"/> full-time <input type="checkbox"/> part-time			
4. Did the employee stop work for any reason other than to care for a family member, to bond with a new child, or to participate in a qualifying event as a result of a family member's military deployment to a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state reason:			
5. Did you require this employee to use up to two weeks paid vacation in conjunction with his/her family leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: Employee used paid vacation from (MM DD YY): <input type="checkbox"/> to <input type="checkbox"/>			
6. Has the employee received or will the employee receive wages in the form of paid sick leave or other type of wage continuation in conjunction with family leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: a. Employee paid from (MM DD YY): <input type="checkbox"/> to <input type="checkbox"/> \$ <input type="checkbox"/> b. Employee's regular weekly rate of pay/earnings prior to family leave (including overtime): \$ <input type="checkbox"/>			
7. At the time the employee's family leave began, did you have a state-approved voluntary plan for disability insurance benefits instead of the state plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: a. Enter plan number: 99- <input type="checkbox"/> b. If employee is not covered, give reason: <input type="checkbox"/>			
8. Has the employee reported a work-related injury or occupational illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: a. Enter name, address, and phone number of your workers' compensation carrier: b. Enter employee's "date of injury" (MM DD YY): <input type="checkbox"/>			
9. Completed by (Print Name): <input type="checkbox"/> Date (MM DD YY): <input type="checkbox"/> Phone Number: <input type="checkbox"/>			

To report fraud, call 1-800-239-6237.
When completing this form, PLEASE PRINT WITH BLACK INK.

California Unemployment Insurance Code, section 2607.1, requires that you complete and return this form within two working days from the day you receive it if the person named above is still your employee and within five working days if not.
DE 2503F Rev 2 (12-20) For general information on the PFL program, visit edd.ca.gov

Paid Family Leave and Employer Responsibilities

After an employee submits a PFL claim, the employer will:

- ▶ Receive a *Notice to Employer of Paid Family Leave (PFL) Claim Filed* (DE 2503F).
- ▶ Complete the DE 2503F and send back to the EDD within 2 working days.
- ▶ Report any wages the employee received or will receive while on leave.

*The DE 2503F can only be completed by paper and is not available to submit electronically through SDI Online (edd.ca.gov/en/disability/SDI_Online/).



DISABILITY INSURANCE PROVISIONS



CALIFORNIA PAID FAMILY LEAVE

**Helping
Californians
be present for
the moments
that matter.**



Forms to Provide to Employees

Employers must provide the following brochures to new employees and employees requesting leave:

- ▶ The *Paid Family Leave* (DE 2511) brochure.
- ▶ The *Disability Insurance Provisions* (DE 2515) brochure.
- ▶ You may order the brochures online, at no cost to you, by visiting [Online Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms).

Helpful Information for Employers

Employers and community counselors can:

- ▶ Use the *Paid Family Leave Booklet* (DE 8520) as a guide the next time an employee asks you about PFL.
- ▶ Order, view, or print the DE 8520 online by visiting [Online Forms and Publications](https://forms.edd.ca.gov/forms) (forms.edd.ca.gov/forms).



CALIFORNIA PAID FAMILY LEAVE

Helping Californians be there for the moments that matter.

A helpful guide for employers and community counselors.



Job Protections

Does the SDI program provide job protection?

No, the program does not provide job protection, just paid benefits.

However, other state and federal laws may apply while your employee is using leave.

Job Protections (Cont.)

Laws that may apply while your employee is receiving DI or PFL benefit payments:

- ▶ Family and Medical Leave Act (FMLA)
- ▶ California Family Rights Act (CFRA)
- ▶ Fair Employment and Housing Act (FEHA)
- ▶ Pregnancy Disability Leave (PDL)

Employees considering DI or PFL must speak with you, the employer, to obtain unpaid job-protected leave. Visit the [California Civil Rights Department](https://www.dir.ca.gov/civilrights) ([calcivilrights.ca.gov](https://www.dir.ca.gov/civilrights)) and the [US Department of Labor](https://www.dol.gov) ([dol.gov](https://www.dol.gov)) to learn more.



For more information, visit:

- ▶ Paid Family Leave
(edd.ca.gov/PaidFamilyLeave)

Contact EDD

- ▶ English: 1-877-238-4373
- ▶ Spanish: 1-877-379-3819
- ▶ Cantonese: 1-866-692-5595
- ▶ Vietnamese: 1-866-692-5596
- ▶ Armenian: 1-866-627-1567
- ▶ Punjabi: 1-866-627-1568
- ▶ Tagalog: 1-866-627-1569
- ▶ TTY: 1-800-445-1312





Paid Family Leave Stories

California's PFL allows your employees to be there for the moments that matter.

Share PFL stories by tagging @CA_EDD on Instagram.



#MomentsMatter
#PFL
#PaidLeave
#CAPFL
#CAPaidFamilyLeave



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.