



# California's Paid Family Leave

Moments matter.

[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

Can be used to bond with a new child or to care for an ill family member.

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.

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

# Paid Family Leave and Bonding

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

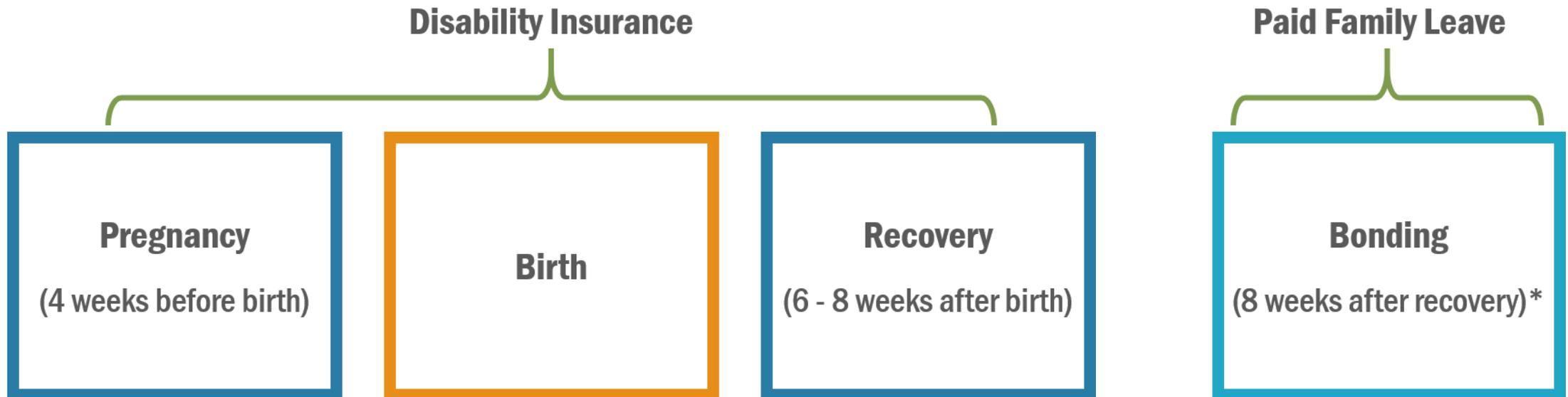
- ▶ Use to bond with a biological, foster, or adopted child.
- ▶ Requires documentation showing proof of relationship such as the child's birth certificate, birth record, or foster/adoptive placement agreement.

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.

# Filing a Paid Family Leave Claim

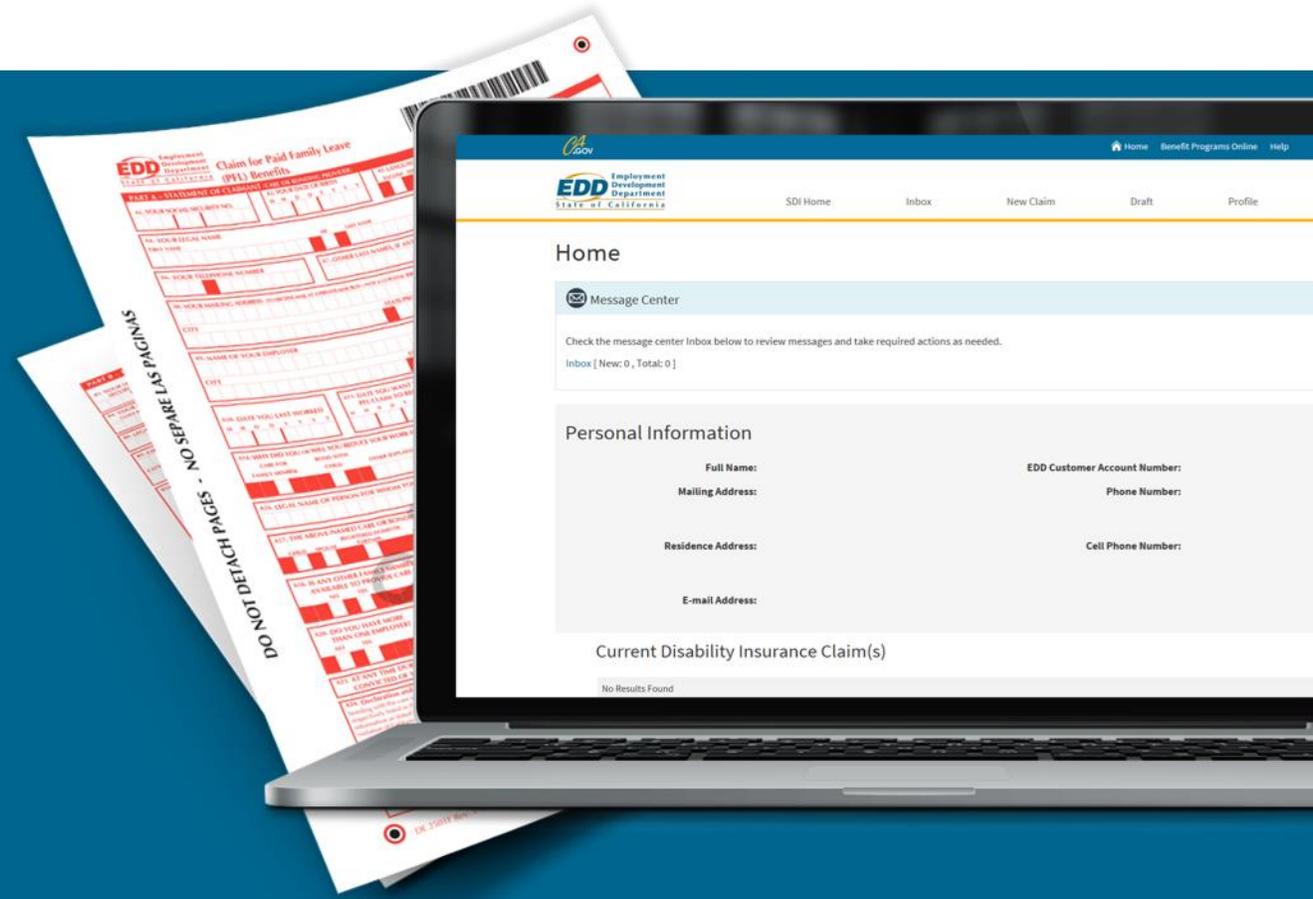
Employees must complete and submit their PFL claim within 41 days from the date their family leave begins by:



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



**Mail**



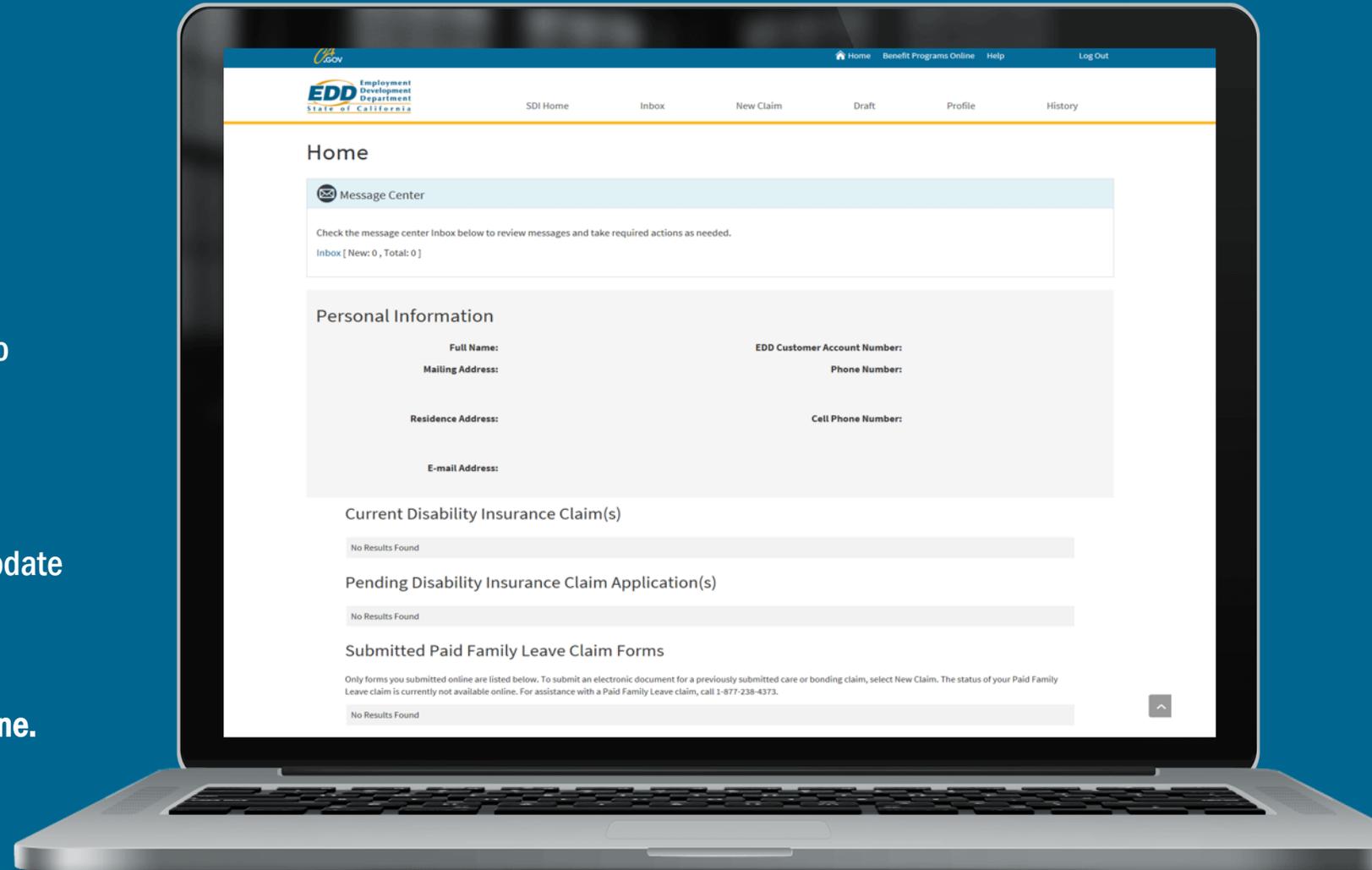
\*A PFL claim form will automatically be sent to new moms electronically or by mail at the end of their pregnancy-related DI claim.

# 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](#).





Claim for Paid Family Leave (PFL) Benefits



2501F10161

DO NOT DETACH PAGES - NO SEPAR LAS PAGINAS

**PART A - STATEMENT OF CLAIMANT (CARE OR BONDING PROVIDER)**

A1. YOUR SOCIAL SECURITY NO.      A2. YOUR DATE OF BIRTH (M M D D Y Y Y Y)      A3. LANGUAGE YOU PREFER TO USE (ENGLISH, SPANISH, OTHER (PRINT BELOW))

A4. YOUR LEGAL NAME (FIRST NAME, MI, LAST NAME)      A5. YOUR GENDER (MALE, FEMALE)

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

A8. YOUR MAILING ADDRESS (TO RECEIVE MAIL AT PRIVATE MAIL BOX—NOT A US POSTAL SERVICE BOX—YOU MUST SHOW THE NUMBER IN THE "PMB# (IF APPLICABLE)" CITY, STATE/PROV., ZIP OR POSTAL CODE, COUNTRY (IF NOT USA.)

A9. NAME OF YOUR EMPLOYER      MAILING ADDRESS      CITY, STATE/PROV., ZIP OR POSTAL CODE, EMPLOYER'S TELEPHONE NUMBER

A10. DATE YOU LAST WORKED (M M D D Y Y Y Y)      A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN (M M D D Y Y Y Y)      A12. DATE YOU RETURNED OR WILL RETURN TO WORK (M M D D Y Y Y Y)      A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD? (NO, YES)

A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING? (CARE FOR FAMILY MEMBER, BOND WITH CHILD, OTHER (EXPLAIN))      A15. WHAT IS YOUR OCCUPATION?

A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING (FIRST, MIDDLE INITIAL, LAST) OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)

A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR: (REGISTERED DOMESTIC CHILD, SPOUSE, PARTNER, PARENT, GRAND PARENT, GRAND CHILD, SIBLING, OTHER (EXPLAIN))

A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS? (NO, YES)      A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM? (NO, YES)

A20. DO YOU HAVE MORE THAN ONE EMPLOYER? (NO, YES)      A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: (SICK, VACATION, OTHER (EXPLAIN))      A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)? (NO, YES)

A23. 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? (NO, YES)

A24. Declaration and Signature. By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for or bonding with the care recipient named above; (2) authorize EDD to release my personal information as shown on this claim so the care recipient and so the care recipient's treating physician as they are respectively listed in Part C and Part D of this claim; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the "Information Collection and Access" portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

Claimant's Signature (DO NOT PRINT)      If signature is made by mark (X), please place mark here.      Date Signed (M M D D Y Y Y Y)

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

1<sup>st</sup> Witness Signature and Address      2<sup>nd</sup> Witness Signature and Address

# Filing a Paid Family Leave Claim



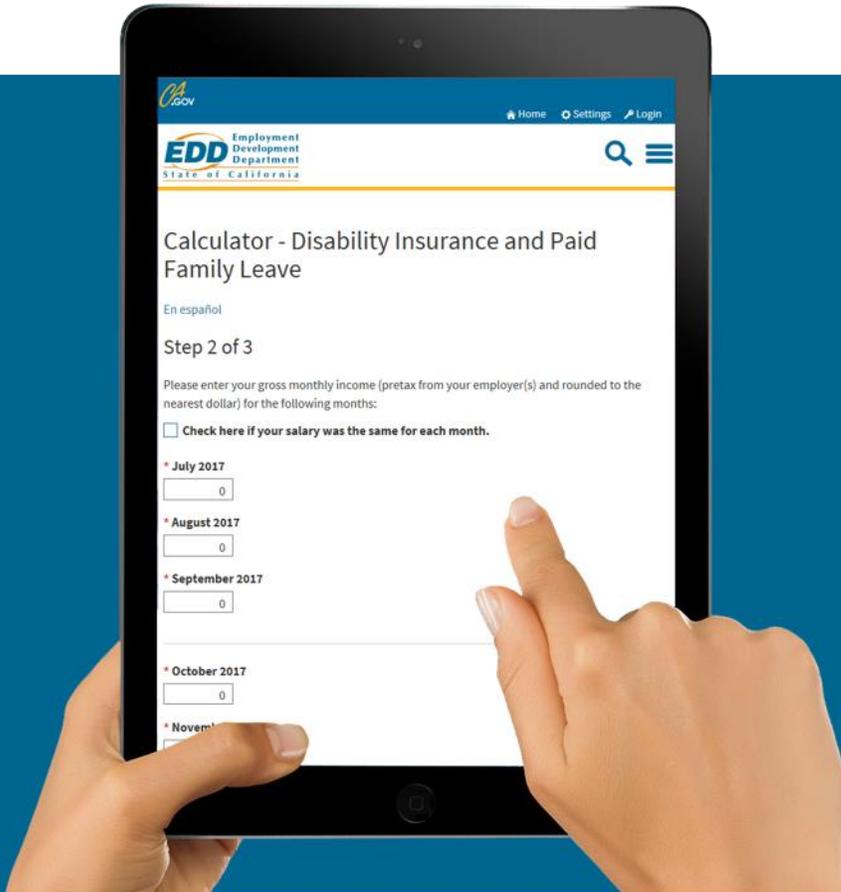
Employees filing a claim for PFL care or bonding must properly complete and submit the *Claim for Paid Family Leave (PFL) Benefits (DE 2501F)*.

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, calling 1-877-238-4373, or picking one up at your local SDI office.



# 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 4 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 **Disability Insurance and Paid Family Leave Weekly Benefits 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, thus they are not eligible for these programs.

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Employees should review paystubs before assuming eligibility.

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

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Citizenship and immigration status do not affect eligibility.

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Payment is not guaranteed until the claim has been approved by the Employment Development Department (EDD).

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**Only 8 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 and/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



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EDD—PAID FAMILY LEAVE  
PO BOX 997017  
SACRAMENTO CA 95899-7017

RETURN TO: ----->

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): <input type="text"/>			
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="text"/> <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 or to bond with a new child? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state reason: <input type="text"/>			
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="text"/> to <input type="text"/>			
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="text"/> to <input type="text"/> \$ <input type="text"/> b. Employee's regular weekly rate of pay/earnings prior to family leave (excluding overtime): \$ <input type="text"/>			
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="text"/> b. If employee is not covered, give reason: <input type="text"/>			
8. Has the employee reported a work-incurred 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: <input type="text"/> b. Enter employee's "date of injury" (MM   DD   YY): <input type="text"/>			
9. Completed by (Print Name): <input type="text"/> Date (MM   DD   YY): <input type="text"/> Phone Number: <input type="text"/>			

To report fraud, call 1-800-229-6297.

When completing this form, PLEASE PRINT WITH BLACK INK.

California Unemployment Insurance Code, section 2707.1, 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. 1 (5-17) (INTRANET) Page 1 of 1 For general information on the PFL program, visit [www.edd.ca.gov](http://www.edd.ca.gov)

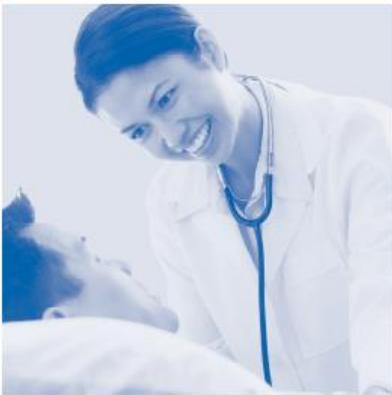
# Paid Family Leave and Employer Responsibilities

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.

## 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**.

# 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](#).



CALIFORNIA PAID FAMILY LEAVE

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Helpful information for employers  
and community counselors



# Job Protections

Does the SDI program provide job protection?

No, the SDI 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 receiving DI or PFL benefit payments:

- ▶ Family and Medical Leave Act (FMLA)
- ▶ California Family Rights Act (CFRA)
- ▶ New Parent Leave Act (NPLA)
- ▶ 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 Department of Fair Employment and Housing** and the **U.S. Department of Labor** to learn more.



## For more information, visit:

- ▶ [edd.ca.gov/paidfamilyleave](http://edd.ca.gov/paidfamilyleave)
- ▶ [CaliforniaPaidFamilyLeave.com](http://CaliforniaPaidFamilyLeave.com)

## Contact EDD

- ▶ English: 1-877-238-4373
- ▶ Spanish: 1-877-379-3819

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.



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**moments matter.**



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# Tell Your Paid Family Leave Story

California PFL allows you to be there for the moments that matter.

Share your PFL story on Instagram

@CA\_PFL 

- #MomentsMatter
- #PFL
- #PaidLeave
- #CAPFL
- #CAPaidFamilyLeave