

# YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE



Civil Rights  
Department  
STATE OF CALIFORNIA

**IF YOU ARE PREGNANT, HAVE A PREGNANCY-RELATED MEDICAL CONDITION, OR ARE RECOVERING FROM CHILDBIRTH, PLEASE READ THIS NOTICE.**

## OBLIGATIONS OF EMPLOYERS WITH FIVE OR MORE EMPLOYEES

- 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 does not protect you from non-related employment actions, such as a layoff;
- Provide a reasonable amount of break time and use of a room or other location close 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.

*Employers with one or more employees must not harass employees on the basis of pregnancy.*

## PREGNANCY DISABILITY LEAVE

- Although PDL can last up to four months, you are entitled to take PDL only for the period of time during which you are disabled by pregnancy, a pregnancy-related medical condition, or childbirth. Your health care provider determines how much time you need.
- After you inform your employer 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 supporting 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 hypertension, 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 types of medical leave. You may also be eligible for state disability insurance, administered by the California Employment Development Department.
- You may choose to 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 benefits and your seniority date; please contact your employer for details.

## YOUR OBLIGATIONS AS AN EMPLOYEE

- Give your employer reasonable notice. To receive a 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 provide 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 give you at least 15 calendar days to submit the certification.* Ask if your employer has a copy of a medical certification form for your health care provider to complete.
- If you do not give your employer notice or written medical certification of your medical need (if required), either in advance or as soon as practicable, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

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

Under CFRA you may have a right to take family care or medical leave (CFRA leave) to bond with a new child. If you gave birth to the child, you would generally take CFRA bonding leave after taking PDL. CFRA leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child\*. You must take it within one year of these events.

In addition to taking leave to bond with a new child, you can also take CFRA leave because of your own serious health condition (not related to pregnancy) or that of your child, parent\*\*, spouse, domestic partner, grandparent, grandchild, sibling, or "designated person" related by blood or with whom you have a family-like relationship.

You are eligible for CFRA leave if you have more than 12 months of service with an employer, have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, and your employer has five or more employees.

Your employer may, but is not required to, pay you while you are out on CFRA leave, but they must allow you to use any accrued paid time-off while on CFRA leave. You may also be eligible for benefits administered by the Employment Development Department, including state disability insurance (for your own health condition) or Paid Family Leave (for bonding with a new child or for caring for a family member with a serious health condition). For more information, visit [edd.ca.gov/disability](http://edd.ca.gov/disability).

If you are improperly denied pregnancy or childbirth-related reasonable accommodations or protected leave under PDL or CFRA, file a complaint with the Civil Rights Department (CRD).

### TO FILE A COMPLAINT

[calcivilrights.ca.gov/complaintprocess](http://calcivilrights.ca.gov/complaintprocess)

Toll Free: 800.884.1684 / TTY: 800.700.2320

California Relay Service (711)

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

*For translations of this poster, visit:*

[www.civilrights.ca.gov/posters/required](http://www.civilrights.ca.gov/posters/required)

\*\*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 (in place of a parent).

\*\*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.