

## 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 Uniformed Services Department. USERRA also prohibits employers from discriminating against past or present members of the armed services, and applicants to the national defense workforce.

#### REEMPLOYMENT RIGHTS

USERRA guarantees you the right to return to your civilian job if you leave that job to perform service in the uniformed services and:

- you ensure that you perform services advance written or verbal notice of your service to your employer;
- you leave your job five years or less of cumulative service in the uniformed services while that you are on active duty;
- you return to work or apply for reemployment in a timely manner after conclusion of service;
- you have not been separated from service with a disqualifying discharge or under other circumstances that would make you ineligible for reemployment;

If you are eligible to be reemployed, you must request the job and the job benefits you would have attained if you had not been absent due to military service in no more case, a comparable job.

#### RIGHT TO REFUSE FROM DISCRIMINATION AND RETALIATION

If you:

- are a past or present member of the uniformed service;
- are obligated to serve in the uniformed service;
- are eligible for reemployment in the uniformed service;
- then an employer may not discriminate against you on the basis of:

- initial employment;
- reemployment in the uniformed service;
- promotion or;
- any benefit of employment

because of that status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA, including testimony or making a statement concerning with a proceeding under USERRA or the enforcement of USERRA.

#### HEALTH INSURANCE PROTECTION

If you leave your job to perform military service, you have the right to elect to continue your employer's health plan coverage for up to 18 months after you return to work or to 36 months while in the military.

Even if you are not the employee or a dependent of an employee, you have the right to be reinstated to your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (i.e., pre-existing conditions or exclusions for service-connected illness or conditions).

#### ENFORCEMENT

The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and enforce the provisions of USERRA.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-800-444-4444 or [www.dhs.gov/vets](http://www.dhs.gov/vets).

USERRA is enforced by the U.S. Department of Justice. An interactive online USERRA Advisor can be viewed at [www.dhs.gov/vets](http://www.dhs.gov/vets).

If you file a complaint with VETS and it is unable to resolve it, you may request that the Federal Department of Justice or the Office of Special Counsel, if applicable, for representation.

You may also bring the USERRA claims and bring a civil action against an employer for failure to comply with USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and is not intended to constitute an offer of legal advice. <http://www.dhs.gov/vets/your-service-protection>. Federal law requires employers to fully inform employees of their rights under USERRA, and employers may wish to supplement by displaying the text of this notice where they customarily place notices for employees.

U.S. Department of Labor • 1-866-487-2361 • U.S. Department of Justice  
Employee Support of the Guard and Reserve • 1-800-338-4590

REV. 04/10/2017

## FED

### EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

#### THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

##### LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- the birth of a child or placement of a child in the employee's foster care;
- to bond with a child who must be taken within 1 year of the child's birth (see placement);
- to care for employees' spouse, child, or parent who has a qualifying serious health condition;
- for qualifying employees' own qualifying serious health condition that makes the employee unable to perform the employee's job;
- for qualifying employees related to the funeral deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a temporary or seasonal employee, or newly hired employee may also take up to 26 weeks of FMLA leave in a calendar year for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, at the employer's request, to use accrued paid leave while taking FMLA leave. If an employee voluntarily accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

##### BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage of the employees even if not at work.

Upon return from FMLA leave, most employees must be restored to the same or one nearly identical job with equivalent pay, benefits, and other employment terms and conditions.

Employees may not interfere with an employer's FMLA rights or retaliate against anyone for going to or using FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any FMLA-related lawsuit or civil action of the FMLA.

##### ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- have worked for the employer for at least 12 months;
- have at least 1,250 hours of service in at 12 months before taking leave;
- and Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

"Special" hours of service apply to airline flight crew employees.

##### REQUIRING LEAVE

Employees must provide 30 days' advance notice of the need for FMLA leave. If it is not possible to give 30-day notice, an employee must notify the employer as soon as possible, and generally, follow the employer's usual procedures.

Employers do not have to have a medical diagnosis, but must provide enough information for the employer to can determine the leave qualifies for FMLA. Sufficient information could include informing an employer that the employee needs to take leave for a job function, that a loved member has a serious health condition or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employees may require a certification or other medical certification if the need for leave is for a reason for which the certification is incomplete. It may require a written note indicating what additional information is required.

##### EMPLOYER RESPONSIBILITIES

When an employee notifies an employer of the need for leave it is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also advise a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employees must notify its employers (FHA) to be designated as FMLA leave, and its leave must be designated as FMLA leave.

**ENFORCEMENT**  
Employees must be designated with the U.S. Department of Labor - Wage and Hour Division, or may bring a private lawsuit against an employer. The FMLA does not apply if federal or state law prohibits discrimination or supersedes any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

DEPARTMENT OF LABOR  
UNITED STATES OF AMERICA

**WHD**

1-866-4-USWAGE  
(1-866-487-9243) TTY: 1-877-889-5627  
[www.dol.gov/whd](http://www.dol.gov/whd)

U.S. Department of Labor - Wage and Hour Division - WHR420

**REV. 04/2016**

**CA**

**DEEH**  
The Department of Fair Employment and Housing

**YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE**

**YOUR EMPLOYER HAS AN OBLIGATION TO:**

- Reasonably accommodate your medical needs related to pregnancy, childbirth, or related conditions (such as temporarily modifying work duties, providing you with a stool or chair, or allowing more frequent breaks).
- Transfer you to less stressful or hazardous position (if one is available) or does the medically needed because of your pregnancy.
- Provide you with pregnancy disability leave (PDL) of up to your maximum (the working days you normally would work in one third of a year or 17 1/2 weeks) and then allow you to return to your same job when you are no longer disabled by your pregnancy, in certain instances, to a comparable job. Taking PDL, however, does not protect you from any more or other less favorable employment actions, such as a layoff.
- Provide a reasonable amount of break time and ease of care or more accommodations in case of emergency (maternity leave) to women leaving work with a medical condition, not pregnancy.

The reasonable accommodation, transfer or PDL is, however, or as soon as practicable (if the need is not immediately apparent), is not a reasonable accommodation.

**YOU HAVE THE RIGHT TO:**

- Provide written medical certification from your health care provider. Cengage in a medical emergency where there is no time to obtain it, you may request an employee to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the employee is pregnant or on pregnancy leave, you must provide this certification within the time frame your employer requires, unless it is not practicable for you to do so under the circumstances of your diligent, good faith efforts. Your employer must provide you at least 15 calendar days for you to submit the certification. Send if your employer has a copy of a medical certification from you to give your health care provider to complete.
- Place notice that you fail to give your employer reasonable advance notice or, if your employer requires a written medical certification of your medical need, not pregnancy.

labor Code; and

- Never discriminate against, harass, or retaliate on the basis of pregnancy.

**FOR PREGNANCY DISABILITY LEAVE:**

Once you are eligible for automatic paid leave, it will be for the period of time that your employer determines is needed by pregnancy, childbirth, or related medical condition. Your health care provider determines how much time will return to work.

Once your employer has been informed that you need to take PDL, your employer must guarantee to writing that you can still work at the same rate or 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 one week frequency breaks, time for prenatal or postnatal medical appointments with doctor orders, rest days, and, where conditions such as severe morning sickness, gestational diabetes, pregnancy-induced hypertension, pre-eclampsia, prevention for childbirth or loss of used or emergency, and/or post-partum depression.

PDL does not need to take all of once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave as a reduced work schedule.

Your leave will be paid up until depending on your employer's policy for other medical leaves. You may also be eligible for disability insurance benefits of Family Leave PFL, administered by the California Employment Development Department.

At your discretion, you can choose to cancel any or either 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 over which you have been provided in your employment. If your employer continues your health coverage during your PDL,

Taking PDL may impact certain aspects of your benefits and your seniority date, please contact your employer for details.

**NOTICE OBLIGATIONS FOR AN EMPLOYEE:**

Give your employer reasonable notice. In the event of a reasonable accommodation, either a transfer, or take PFL, 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

may be justified in delaying your reasonable accommodation. Transfer, or PFL, requires the California Family Leave Act (CFLA). You have two weeks to give with an employee, and another week had less than 1,500 hours in the 12-month period before the date you want to begin your leave, you would like to family care a medical leave (CFLA) leave. This leave may be up to 17 workweeks in a 12 month period for the birth, adoption, or foster care placement of your child(ren), or for your own serious health condition or that of your child, parent(s), spouse, domestic partner, grandparent, grandchild, or sibling. Employees taking their employees while caring CFLA, or for your own serious or not required to do so, unless the employee's taking cannot take time off while on CFLA leave. Employees taking CFLA leave may be eligible for California Paid Family Leave (PFL) program, which is administered by the Employment Development Department (EDD).

**IF YOU HAVE A COMPLAINT**  
If you have a complaint about discrimination, harassment, or retaliation at work, or if you have been improperly denied PFL or CFLA leave, file a complaint with DFEH.

**TO FILE A COMPLAINT**  
**Department of Fair Employment and Housing**  
DFEH-800  
 toll-free: 800.969.3684  
 TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, DFEH 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, call the California Relay Service (711).

\* PFL, CFLA leave, and anti-discrimination protections apply to employees of 5 more employees, and have passed protection to employers of 1 or more.

\*\* Child "means a biological, adopted, or foster child, adult child, legal ward, or a child of an employee or the employee's domestic partner, or a person on whose behalf 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 persons who stood in loco parentis to the employee when the employee was a child."

This guidance is for informational purposes only. It does not constitute substantial policy or legal advice, and does not constitute legal advice. DFEH-ENG-ENG

REV. 01/2022

Department of Industrial Relations - CAL/OSHA

# AND HEALTH PROTECTION FOR THE JOB

protections for workers through regulations under the Health (Ca/OSHA). This poster explains some of the state's workplace safety and health standards. Failure to do so could result in a substantial civil penalty. [www.dir.ca.gov/Samples/sample\\_work\\_order.htm](http://www.dir.ca.gov/Samples/sample_work_order.htm).

to be safe and healthy. In other words, to earn a safe and health. Failure to do so can result in a financial monetary penalties.

when notices to employees are customarily posted in the workplace.

responsibilities.

the Prevention Program (IPP) meeting the requirements of 8, section 3203 ([www.dir.ca.gov/title8/3203.html](http://www.dir.ca.gov/title8/3203.html)) and representatives.

the job and keep records showing that each employee for each job assignment.

may result in injury to employees; failure to do this, and even incarceration.

serious injury or illness, or death, occurring on the job for emergency help to assist the injured employee.

within 8 hours can result in a minimum civil penalty of \$1000.

Ca/OSHA workplace safety and health regulations. Substances without providing adequate protection. OSHA work.

**PEY AND HEALTH ARE UNFAIR:**

and conditions there is a considerable complaint and work conditions there are unsafe or unhealthy. This is not (see below). Your name is not revealed by Ca/OSHA, and the employer is not required to disclose the identity of the violator in most cases.

**SPECIAL RULES FOR WORK AROUND HAZARDOUS SUBSTANCES:**

Employees who use any substance that is listed as a hazardous substance in California Code of Regulations, title 8, section 3339 ([www.dir.ca.gov/title8/3339.html](http://www.dir.ca.gov/title8/3339.html)), or is covered by the Hazard Communication standard ([www.dir.ca.gov/title8/3194.html](http://www.dir.ca.gov/title8/3194.html)), must provide employees information on the hazardous chemicals in their work areas, access to safety data sheets, and training on how to use hazardous chemicals safely.

Employees shall make available on a timely and reasonable basis a safety sheet on each hazardous substance in the workplace upon request of an employee, an employee's collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employees must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Ca/OSHA standards.

Any employee or their representative has the right to observe monitoring or measuring of employee exposures to hazardous conditions to which they are being exposed.

**WHEN CAL/OSHA COMES TO THE WORKPLACE:**

A trained Cal/OSHA safety engineer and industrial hygienist may visit the workplace to make sure your company is obeying workplace safety and health laws.

Inspections are also conducted when an employee files a valid complaint with Cal/OSHA.

Cal/OSHA also goes on-site to the workplace to investigate a serious injury or illness, or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification. The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. An authorized representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

**VIOLATIONS, CITATIONS, AND PENALTIES:**

Cal/OSHA may issue a citation if the employer violated a safety and health standard or order. Cal/OSHA may issue a notice. Each citation carries a monetary penalty and specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Penalties may be assessed for the violation or the violation in most cases.

to access the employee's HIPA. Any employee who has a serious, rapid, or willful; and whether the employer failed to abate a previous violation involving the same hazardous condition. Penalties generally, penalty adjustment factors, and minimum and maximum penalty amounts are set forth in California Code of Regulations, title 8, section 336 ([www.dir.ca.gov/title8/336.html](http://www.dir.ca.gov/title8/336.html)). In addition, a willful violation that causes death or permanent impairment of the body of an employee or the employer, in a fine of up to \$250,000 or imprisonment up to 5 years, or both, and if the employer is a corporation or limited liability company, the fine may be up to \$1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, To Order Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employer may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

**HELP IS AVAILABLE:**

To learn more about workplace safety rules, you may contact Cal/OSHA Consultation Services for free information, required forms, and publications. You can also contact a local district office of Cal/OSHA. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

1750 Howe Ave., Ste. 450, Sacramento 95825	(916) 263-2880
464 West Fourth St., Ste. 332, San Bernardino 92401	(909) 385-4231
7575 Metropolitan Dr., Ste. 207, San Diego 92128	(619) 767-2280
455 Golden Gate Ave., Rm. 505, San Francisco 94102	(415) 557-0700
2 MackRuthr Place, Ste. 720, Santa Ana 92707	(714) 558-4451
6150 Van Nuy Blvd., Ste. 405, Van Nuys 91401	(818) 901-5403
455 Golden Gate Ave., Rm 9516, San Francisco 94102	(415) 557-0300
1750 Howe Ave., Ste. 440, Sacramento 95825	(916) 263-2803
2 MackRuthr Place, Ste. 720, Santa Ana 92707	(714) 558-4300
800 Royal Oaks Dr., Ste. 105, Monterey 91016	(626) 471-9122
2550 Mariposa Mall, Rm. 2005, Fresno 93721	(559) 445-6800
1 Centerville Dr., Ste. 150, La Palma 90623	(714) 562-5525
1515 Clay St., Ste. 1103, Oakland 94612	(510) 622-2891
1750 Howe Ave., Ste. 400, Sacramento 95825	(916) 263-0704
464 West Fourth St., Ste. 339, San Bernardino 92401	(909) 383-4567
7575 Metropolitan Dr., Ste. 204, San Diego 92108	(619) 767-2060
6150 Van Nuy Blvd., Ste. 307, Van Nuys 91401	(818) 901-5754
2550 Mariposa Mall, Rm. 3014, Fresno 93721	(559) 445-6800