



Paid Family Leave Overview: Employer

State Disability Insurance Program
Employment Development Department
August 2026

A photograph of an elderly Black man lying in a hospital bed, wearing an oxygen mask. A younger Black man is sitting beside him, looking at a smartphone. The background shows a window with floral curtains.

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.

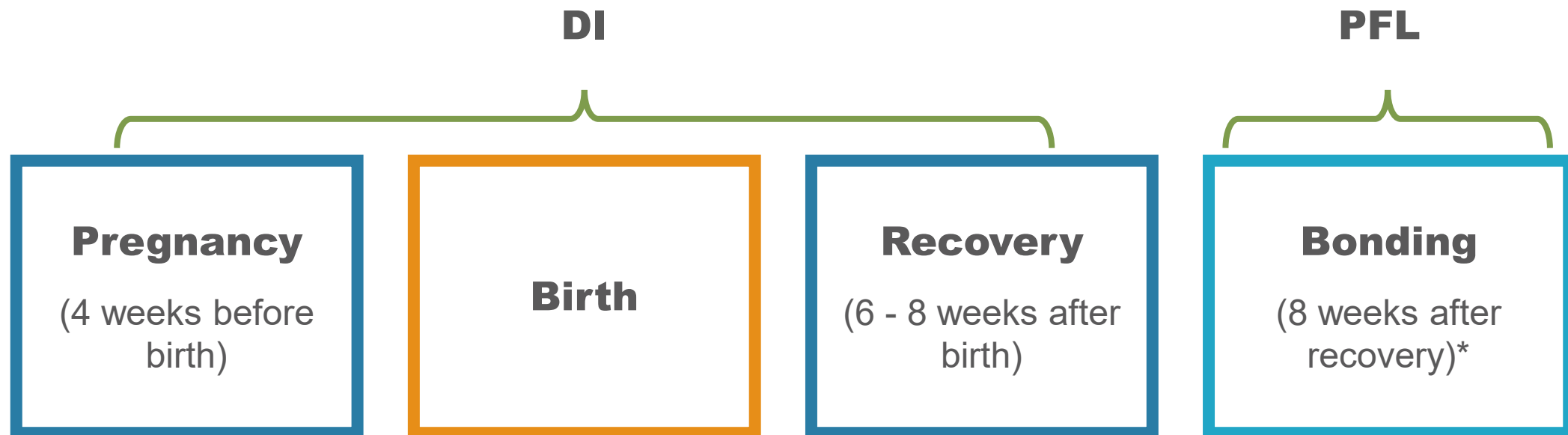
- ▶ Use to bond with a biological, foster, or adopted child.
- ▶ Requires documentation showing proof of relationship such as the child's birth certificate, birth record, or foster/adoptive placement agreement.

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.

A woman in a military camouflage uniform is holding a baby. A man is kissing her on the cheek. They are outdoors, and the scene is backlit by a bright sun, creating a warm, glowing effect.

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

EDD Application for Paid Family Leave Benefits

SAMPLE, this page for reference only

Part A - Statement Of Claimant (Caregiver, Spouse, or Military Annuity Provider)

A1. Your Social Security Number: 0000000000

A2. Your date of birth: MMDDYYYY

A3. Language you prefer to use: ☒ English ☐ Spanish ☐ Other

A4. Gender: ☐ Male ☒ Female

A5. Your Legal Name: First Name: Sample, Last Name: claimant

A6. Phone Number: 123 456 7

A7. Mailing Address (the address you want to use for correspondence): 123 Anytown, City: Anytown

A8. Name of your Employer: Roadrun, City: Citytown

A9. Last day you worked: MMDDYY

A10. Why did you or will you leave your job? ☒ Care for family member ☐ Retirement ☐ Other

A11. Family Member: Cook

A12. This family member is: ☒ Child ☐ Spouse ☐ Other

A13. Is any other person providing care? ☒ No ☐ Yes

A14. Do you have any other family members? ☒ No ☐ Yes

A15. Address of family member: A15.1 Address of family member: A15.2 Address of family member: A15.3 Address of family member:

A16. Signature of claimant: A16.1 Signature of claimant: A16.2 Signature of claimant: A16.3 Signature of claimant:

A17. Signature of employer: A17.1 Signature of employer: A17.2 Signature of employer: A17.3 Signature of employer:

DE 2501F Rev. 7 (1-25) (INTERNET)

Page 7 of 11

EDD Employment Development Department

Home

Message Center

Check the message center inbox below to review messages and take required actions as needed.

Inbox (New: 0, Total: 0)

Personal Information

Full Name: EDD Customer Account Number:

Mailing Address: Phone Number:

Residence Address: Cell Phone Number:

E-mail Address:

Current Disability Insurance Claim(s)

No Results Found

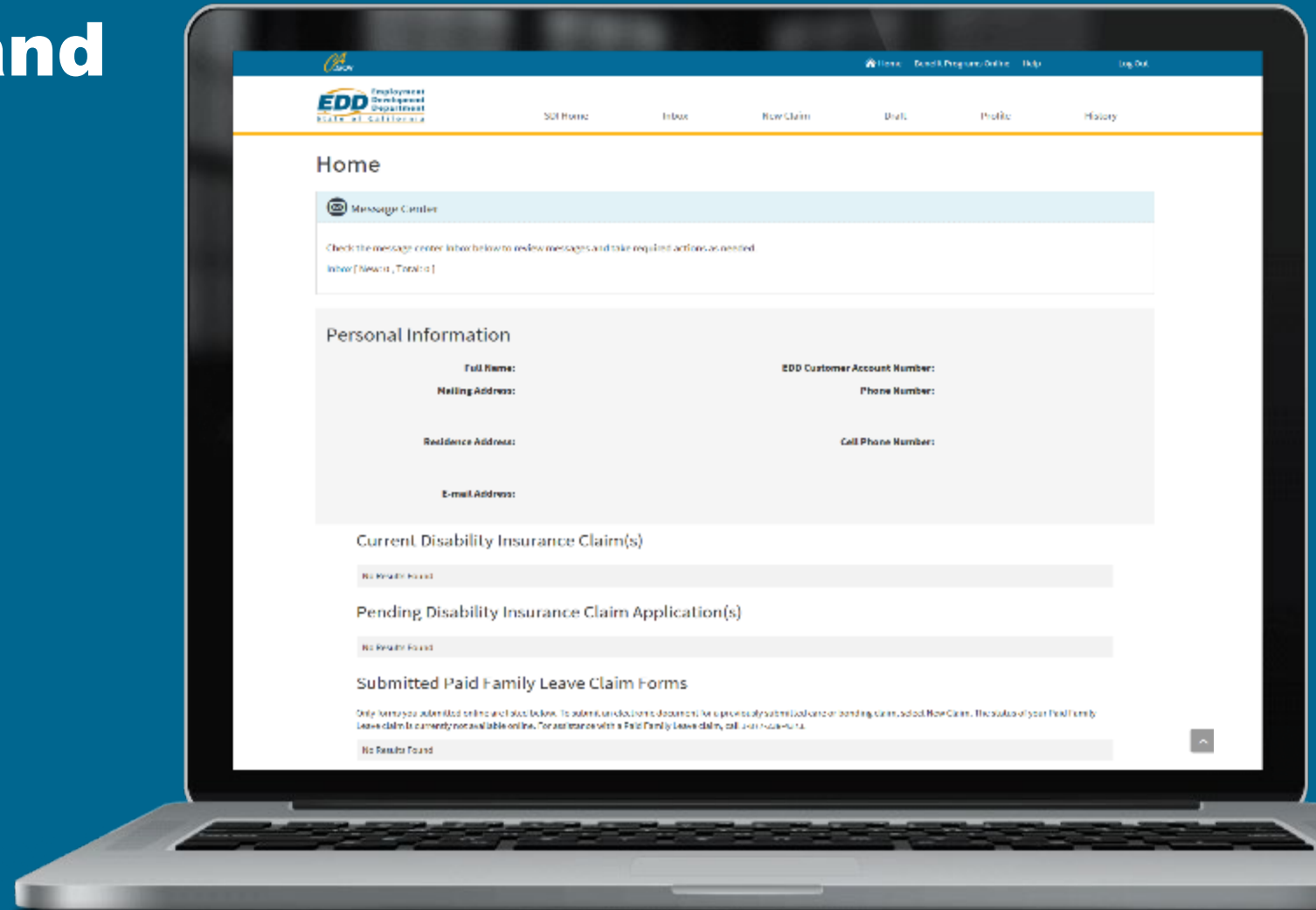
*A PFL claim form will be mailed to new moms at the end of their pregnancy-related DI claim.

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/).



SAMPLE, this page for reference only



Application for Paid Family Leave Benefits

Part A – Statement Of Claimant (Care, Bonding, Or Military Assist Provider)

A1. Your Social Security Number
0000000000

A2. Your date of birth
MMDDYYYY
MMDDYYYY

A3. Language you prefer to use
☒ English ☐ Spanish ☐ Other

A4. Your Legal Name | First Name | Last Name
Sample | Claimant

A5. Gender Identity
☐ Male ☒ Female

A6. Phone Number
123 4567890

A7. If you have worked under any other last names, enter them here (for example, a maiden name or chosen name)

A8. Mailing Address (to receive mail at a private mail box—not a U.S. Postal Service box—you must include the number in the "PMSE" spaces.)
123 Any Street
City: Anytown State/Prov: CA Zip or Postal Code: 12345 Country (if not U.S.A.):

A9. Name of your Employer
Roadrunner Pastries
City: Cityname State/Prov: CA Zip or Postal Code: 12345 Employer's Phone Number: 555 1234567

A10. Last day you worked
MMDDYYYY
MMDDYYYY

A11. Date you want your PFL claim to start
MMDDYYYY
MMDDYYYY

A12. Date you returned or will return to work
MMDDYYYY
MMDDYYYY

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 ☐ Military Assist ☐ Other (explain)

A15. What is your usual occupation?
Pastry Chef

A16. Select your preferred payment method
☒ Debit Card ☐ Check

A17. Family Member's Legal Name | First Name | Last Name
Cookie | Claimant

A18. This family member is your:
☒ Child ☐ Spouse ☐ Registered Domestic Partner ☐ Parent ☐ Parent-in-Law ☐ Grand Child ☐ Sibling ☐ Other (explain)

A19. Is any other family member ready, willing, and able to provide care for the same period you are claiming PFL Benefits?
No ☒ Yes

A20. Have you claimed or do you plan to claim workers' compensation benefits for any portion of the period covered by this claim?
No ☐ Yes

A21. Do you have more than one employer?
No ☒ Yes

A22. If your employer(s) continued or will continue to pay you during your family leave, indicate type of pay:
Sick ☐ Vacation ☐ Other (explain)

A23. May we disclose benefit payment information to your employer(s)?
No ☐ Yes ☒

A24. 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

A25. Declaration and signature. I, I claim Paid Family Leave Benefits and certify that throughout the period covered by this application I was providing care for, bonding with, or participating in a qualifying event with the recipient named above (2) authorize EDD to release my personal information as shown on this application to the care recipient's treating physician as they are respectively listed in Part C and Part D of this application (3) authorize my employer(s) to disclose 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 statements 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 application statement are granted for a period of 15 years from the date of my signature or the effective date of the application, whichever is later.

Claimant's Signature (do not print)
Sample Claimant

If signature is made by mark (X), please place mark here.*
01252025

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

1st Witness Signature and Address
2nd Witness Signature and Address

Filing a Paid Family Leave Claim



By mail

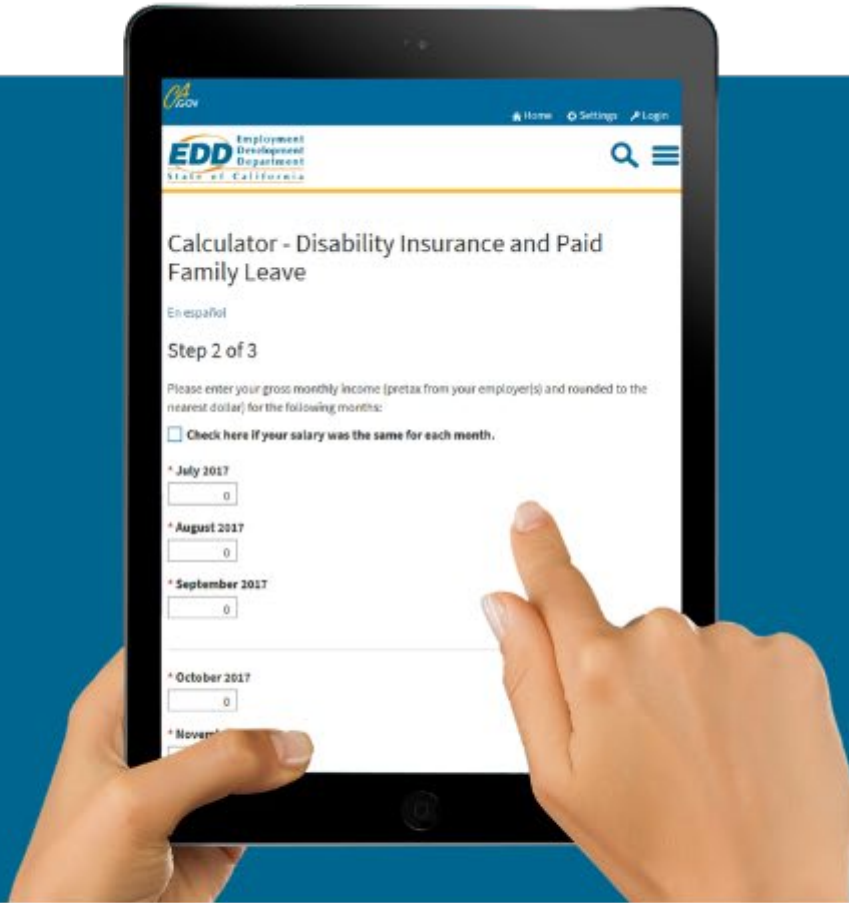
Employees filing a claim for PFL must properly complete and submit the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F).

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.



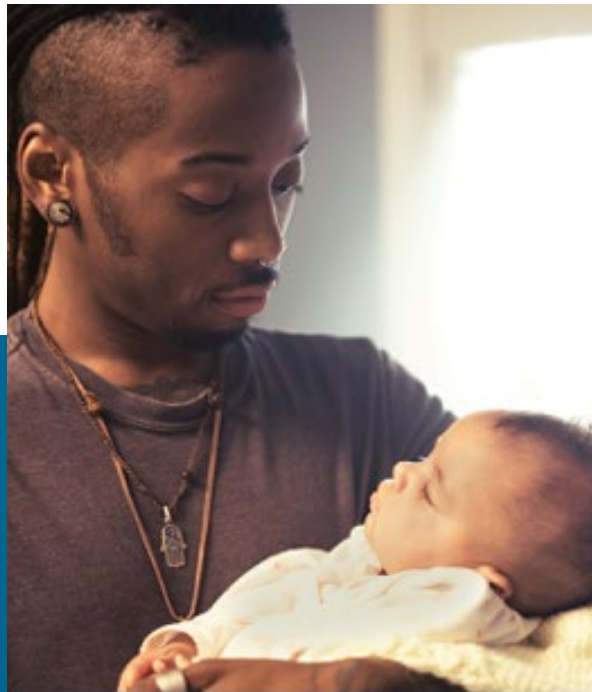
Self-employed individuals may be eligible if they are contributing to the Disability Insurance Elective Coverage program.



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).



CALIFORNIA PAID FAMILY LEAVE

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



**Disability
Insurance
Provisions**

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).

EDD Employment Development Department
State of California

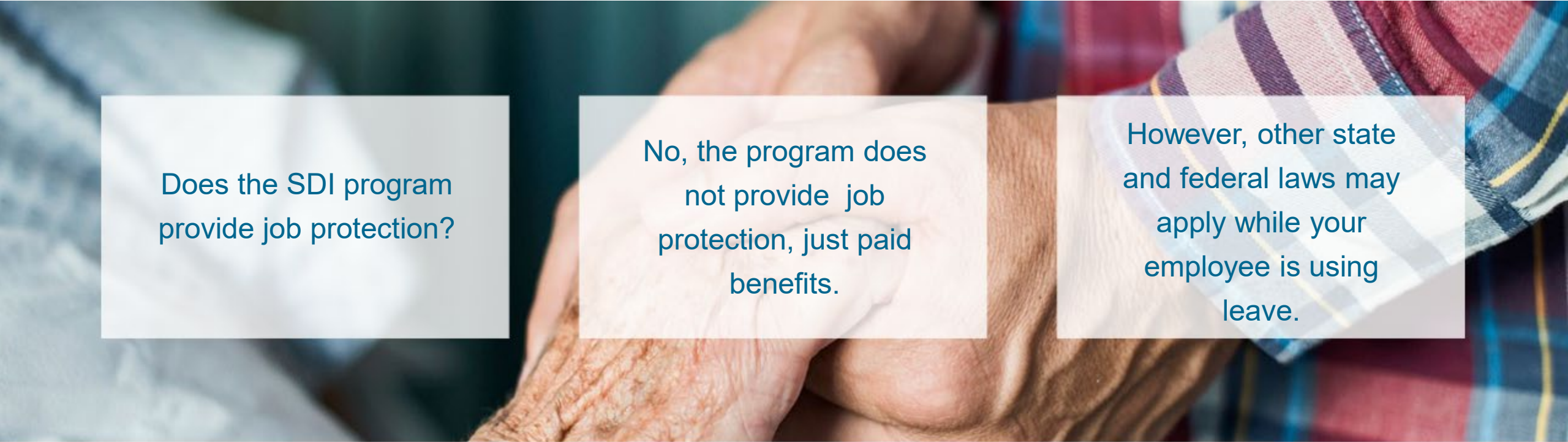
CALIFORNIA PAID FAMILY LEAVE

Helping Californians be there for the moments that matter.

A helpful guide for employers and community counselors.

DE 8520 Rev. 6 (06-22) (Intranet) Page 1 of 8

Job Protections



Does the SDI program provide job protection?

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

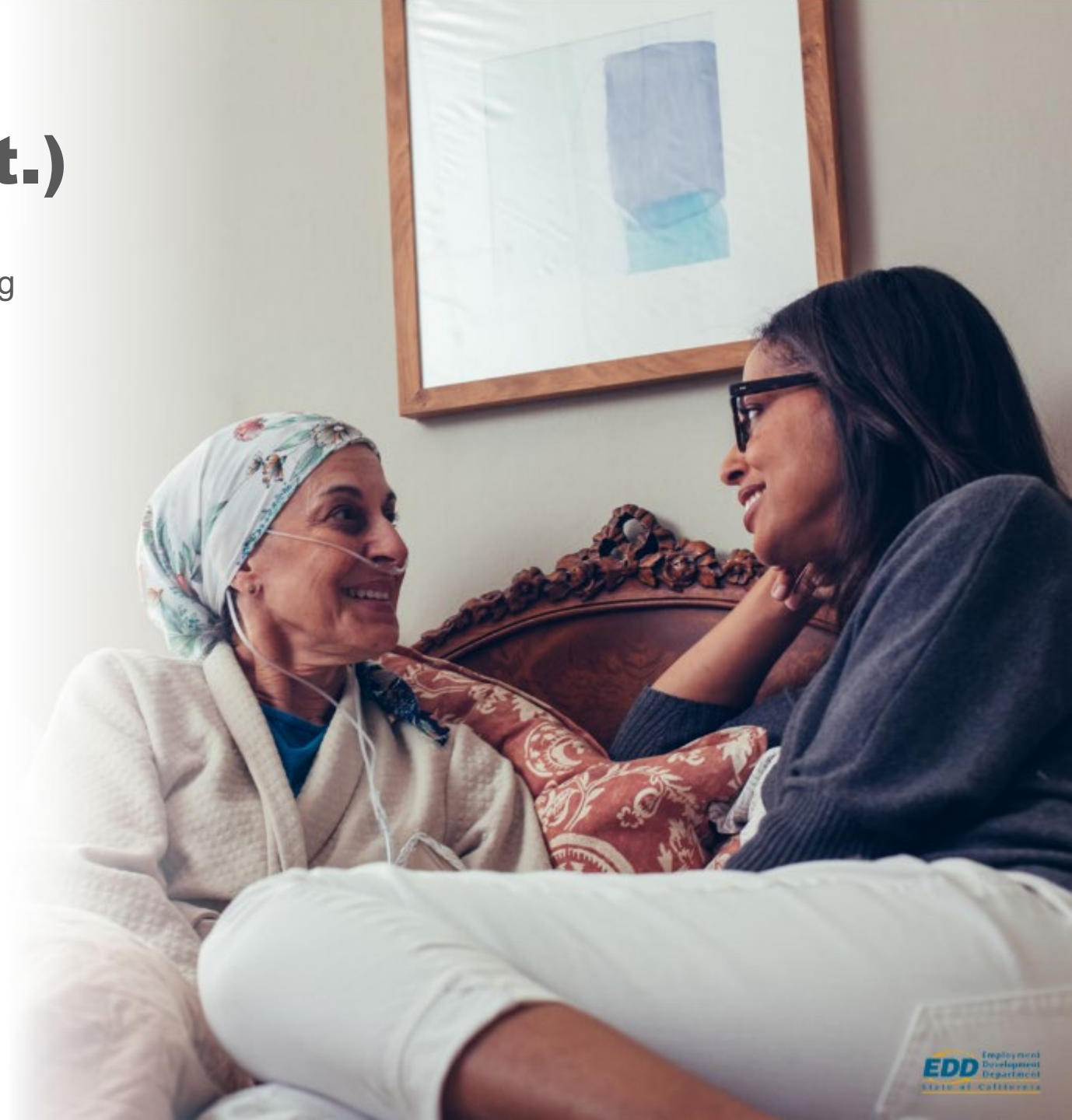
However, other state and federal laws may apply while your employee is using leave.

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.calcivilrights.ca.gov) ([calcivilrights.ca.gov](https://www.calcivilrights.ca.gov)) 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





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.

