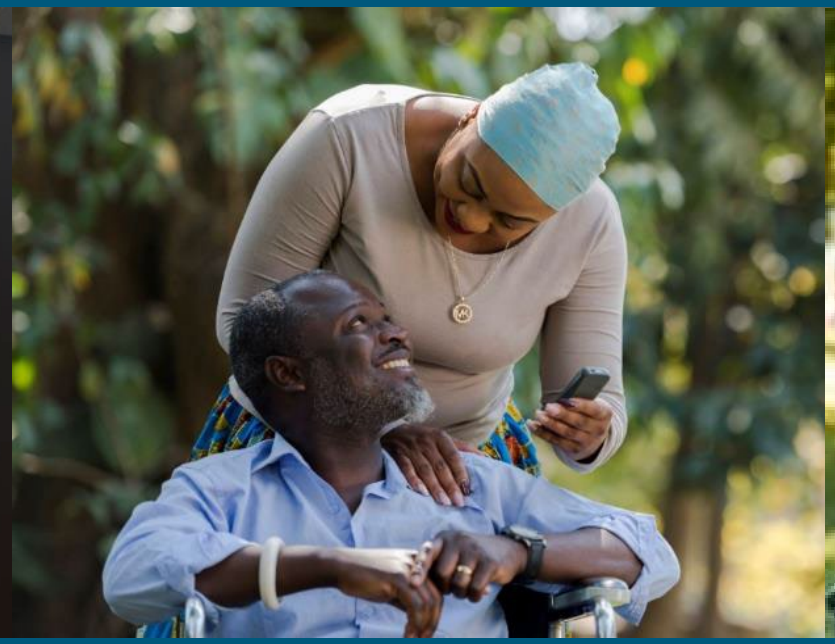




Paid Family Leave Overview - Employers

State Disability Insurance Program

September 2026

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:
   - Bonding
   - Care
   - 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.

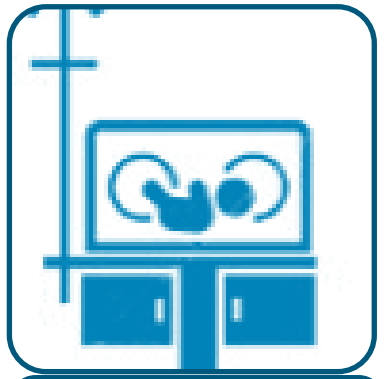
5. State Disability Insurance (SDI) is Employee funded. It is not government assistance.

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

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

DI Pregnancy

4 weeks before due date



DI Birth

After Delivery

DI Recovery

6-8 weeks of recovery

PFL Bonding

8 weeks of bonding*

*You can break up your eight weeks of PFL. You do not have to use it all at once.

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.

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

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 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.

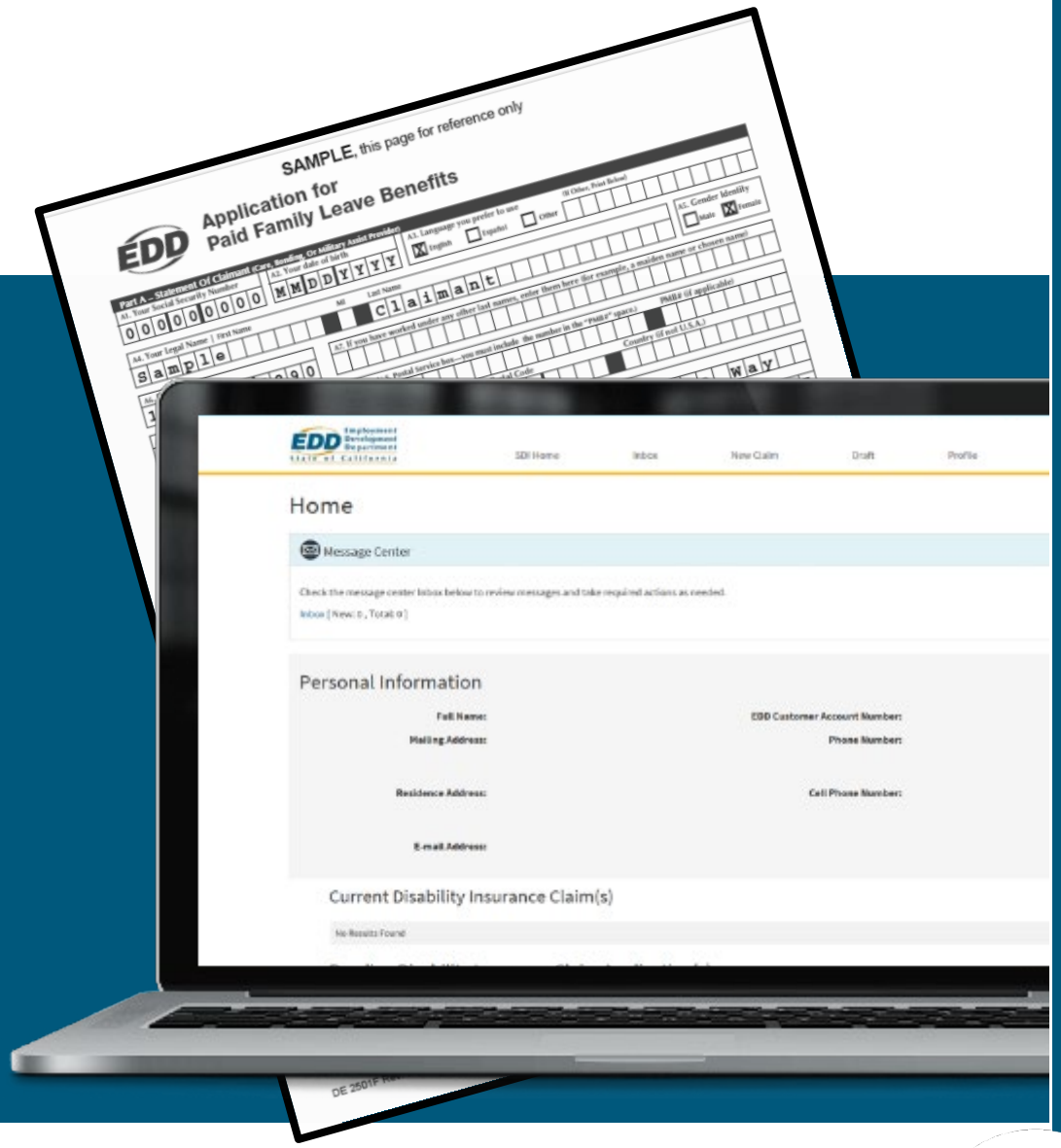
- Requires supporting military documentation and supporting documentation for the qualifying event.

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 their claim using SDI Oline is strongly recommended. It expedites the claim review process.
- **Mail:** Order a paper application to complete.



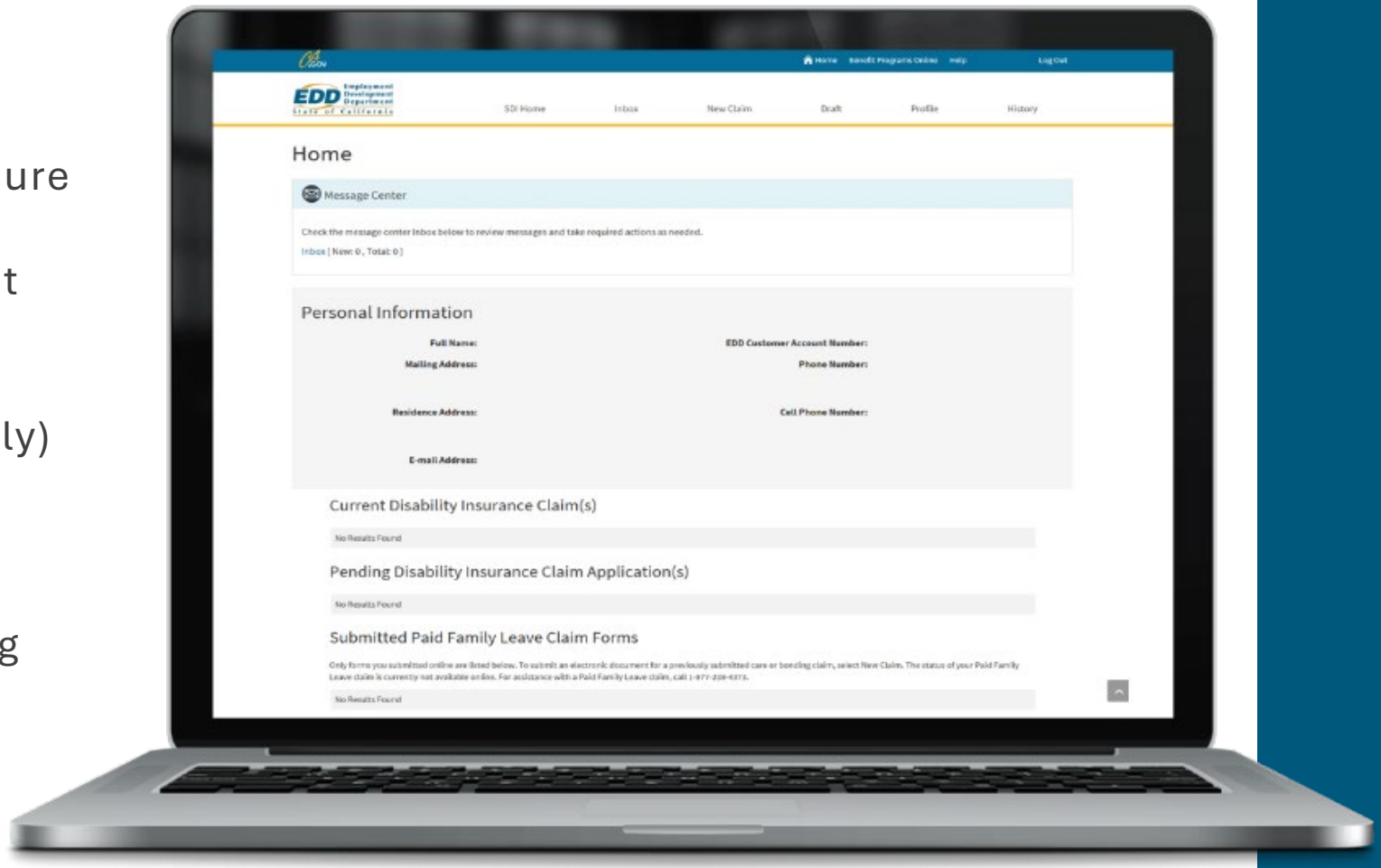
*A PFL claim form will be mailed to new moms at the end of their pregnancy-related DI claim.

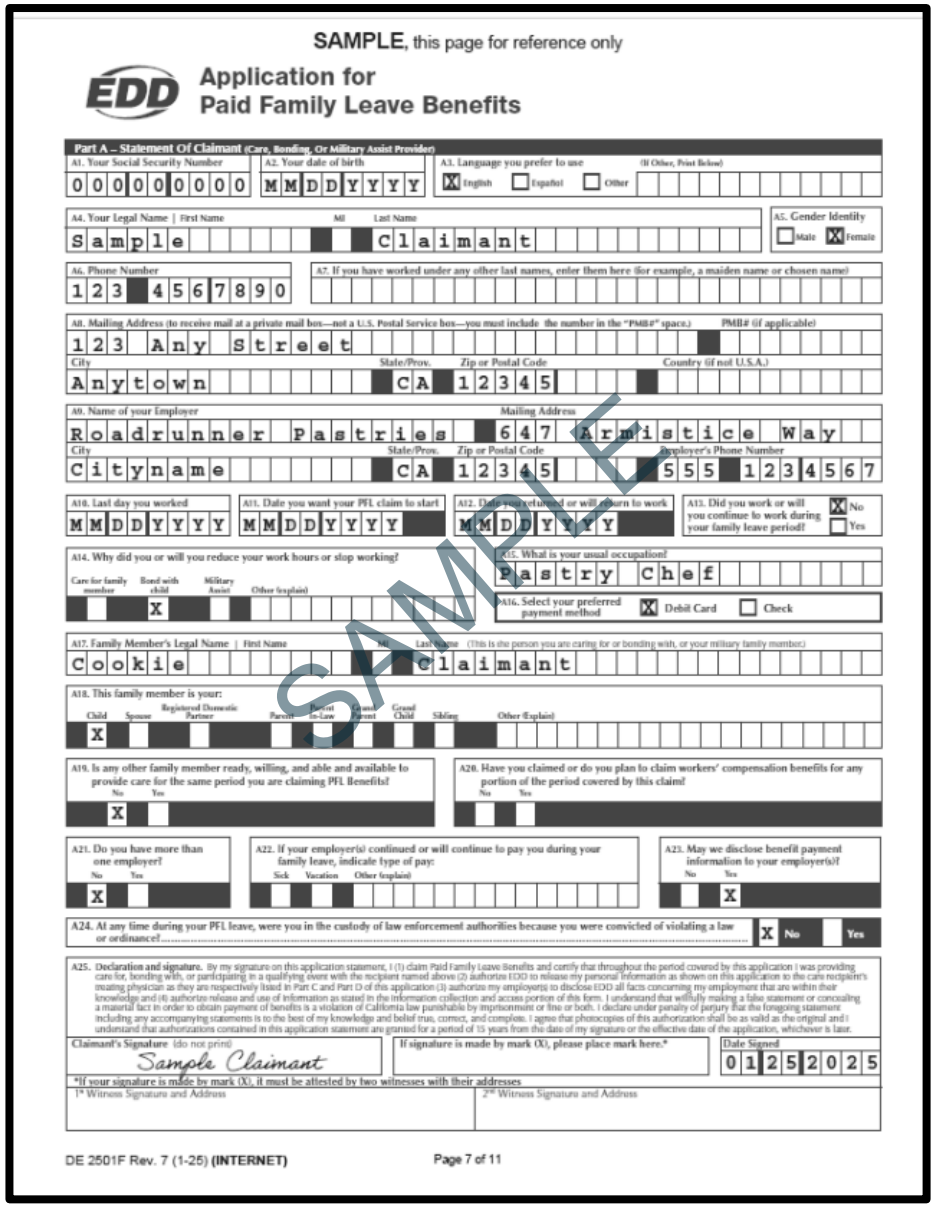
Paid Family Leave and SDI Online

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. (edd.ca.gov/en/disability/SDI_Online/).





SAMPLE, this page for reference only

EDD

Application for
Paid Family Leave Benefits

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

A1. Your Social Security Number: 000000000
A2. Your date of birth: MMDDYYYY
A3. Language you prefer to use: [X] English [ ] Español [ ] Other
A4. Your Legal Name | First Name: Sample | MI: | Last Name: Claimant
A5. Gender Identity: [ ] Male [X] Female
A6. Phone Number: 1234567890
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 "PMB#" space.) PMB# (if applicable): 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 | Mailing Address: 647 Armistice Way
City: Cityname | State/Prov.: CA | Zip or Postal Code: 12345 | Employer's Phone Number: 5555123456 7
A10. Last day you worked: MMDDYYYY
A11. Date you want your PFL claim to start: MMDDYYYY
A12. Date you returned or will return to work: MMDDYYYY
A13. Did you work or will you continue to work during your family leave period? [X] No [ ] Yes
A14. Why did you or will you reduce your work hours or stop working? Care for family member: | Bond with child: X | Military Assist: | Other (explain):
A15. What is your usual occupation? Pastry Chef
A16. Select your preferred payment method: [X] Debit Card [ ] Check
A17. Family Member's Legal Name | First Name: Cookie | MI: | Last Name: Claimant (This is the person you are caring for or bonding with, or your military family member.)
A18. This family member is your: Child: X | Spouse: | Registered Domestic Partner: | Parent: | Parent-in-Law: | Grandparent: | Grandchild: | Sibling: | Other (Explain):
A19. Is any other family member ready, willing, and able and available to provide care for the same period you are claiming PFL Benefits? No: X | 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: X | 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: X
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? [X] No [ ] Yes
A25. Declaration and signature. By my signature on this application statement, I (1) 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 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 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.*
Date Signed: 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

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SAMPLE

Filing a Paid Family Leave Claim by Mail

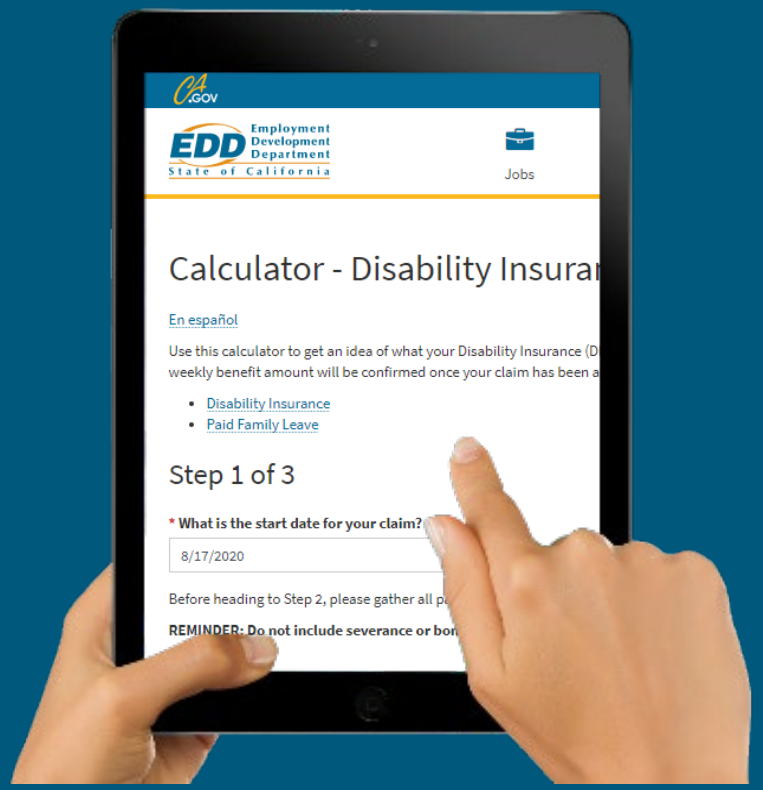
Employees filing a claim for PFL must properly complete and submit the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F).

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" (the 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 employees' PFL claim begins in April, May, or June, the weekly benefit amount is calculated from their highest quarter of earnings paid between January 1 and December 31 of the prior year.

Your employees can simplify this process by using the Paid Family Leave 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.

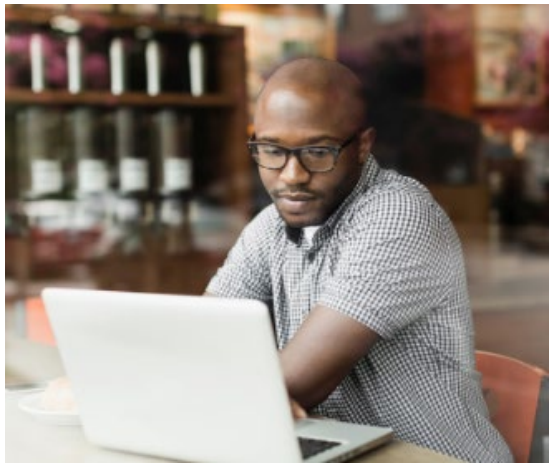
Employees should review paystubs before assuming eligibility. Eligibility is not based on length of service or the number of employees your company has on staff.

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.

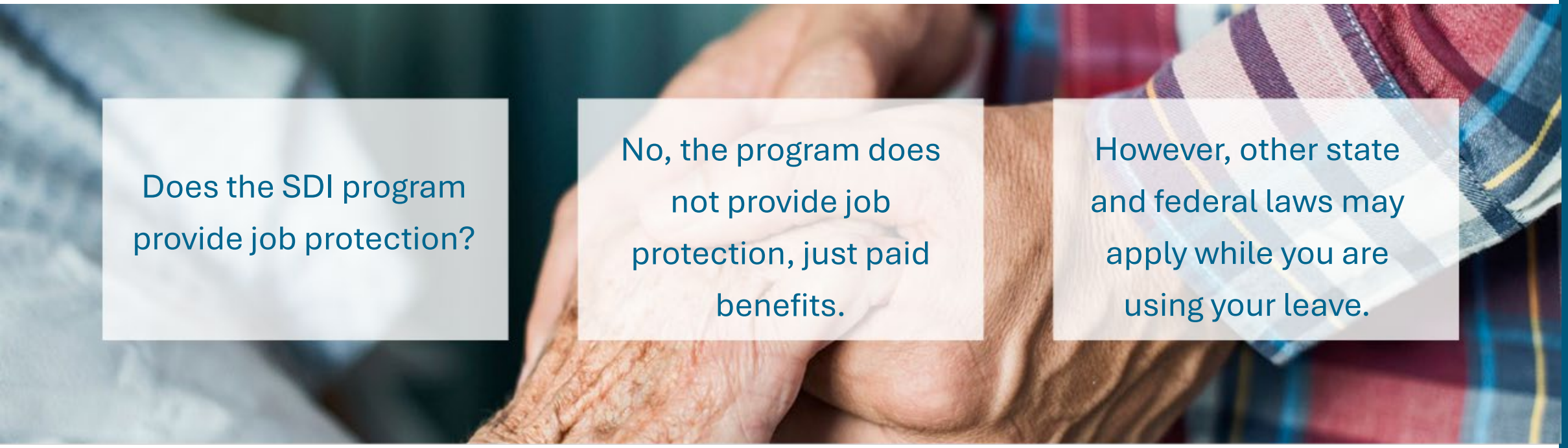


Unemployed Californians must have collected Unemployment Insurance or be actively looking for work to qualify for PFL.

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.

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 you are using your 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)
- Fair Employment and Housing Act (FEHA)
- Pregnancy Disability Leave (PDL)

Speak with your employer to obtain unpaid job-protected leave. To learn more, visit the:

- California Civil Rights Department (calcivilrights.ca.gov) and the
- US Department of Labor (dol.gov).

Forms to Provide to Employees

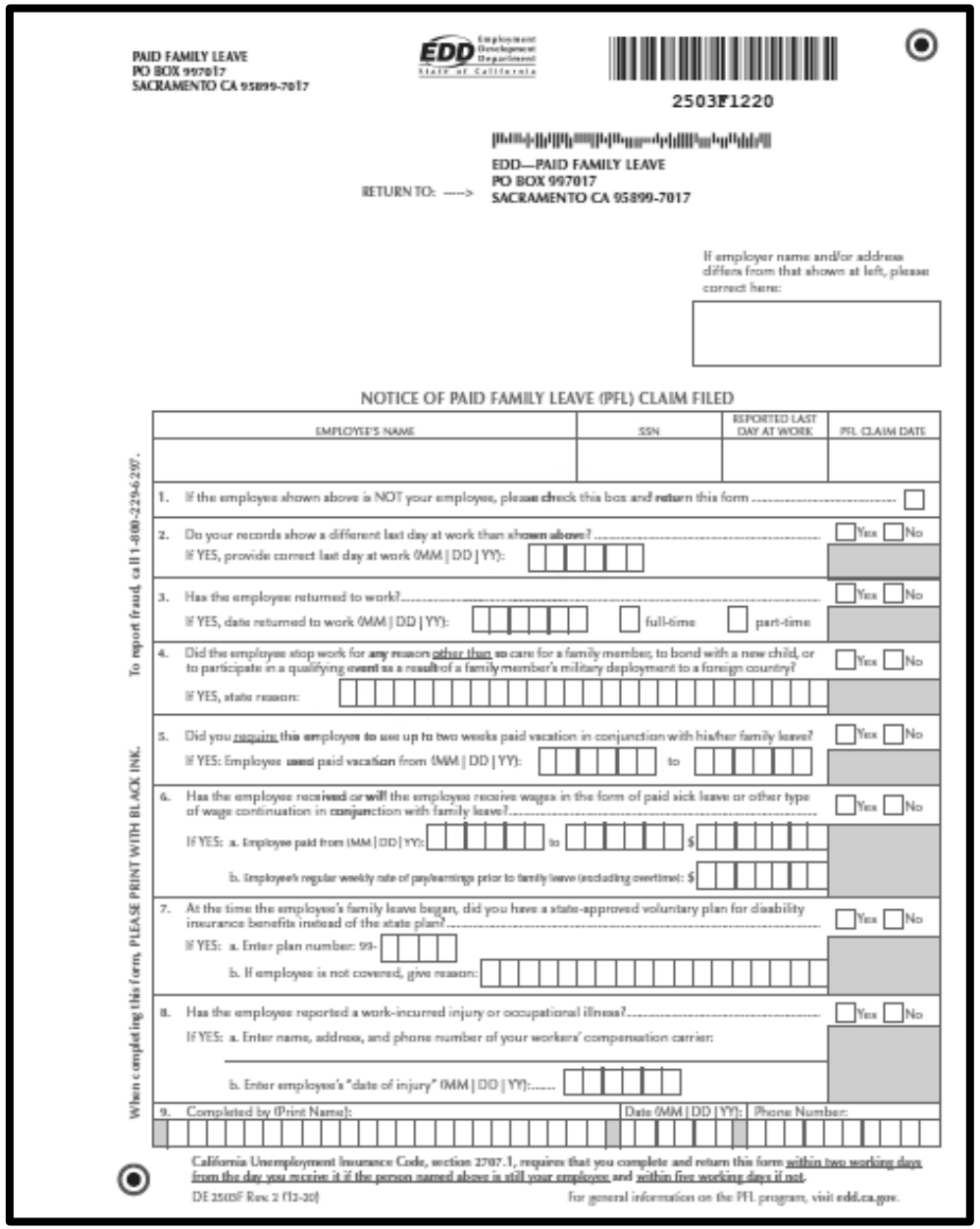
Employers must provide the following brochures to new employees and employees requesting leave:

- 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 (forms.edd.ca.gov/forms).

EDD Employment Development Department State of California

EDD



PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017

EDD Employment Development Department State of California

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 ☐
2. Do your records show a different last day at work than shown above? ☐ Yes ☐ No
   If YES, provide correct last day at work (MM | DD | YY):
3. Has the employee returned to work? ☐ Yes ☐ No
   If YES, date returned to work (MM | DD | YY): ☐ full-time ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No
   If YES: Employee used paid vacation from (MM | DD | YY): to
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? ☐ Yes ☐ No
   If YES: a. Employee paid from (MM | DD | YY): to $
   b. Employee's regular weekly rate of pay/earnings prior to family leave (excluding overtime): $
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? ☐ Yes ☐ No
   If YES: a. Enter plan number: 99-
   b. If employee is not covered, give reason:
8. Has the employee reported a work-incurred injury or occupational illness? ☐ Yes ☐ 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):
9. Completed by (Print Name): Date (MM | DD | YY): Phone Number:

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. 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/).

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.

You may order, view, or print the DE 8520 by visiting Online Forms and Publications (forms.edd.ca.gov/forms).

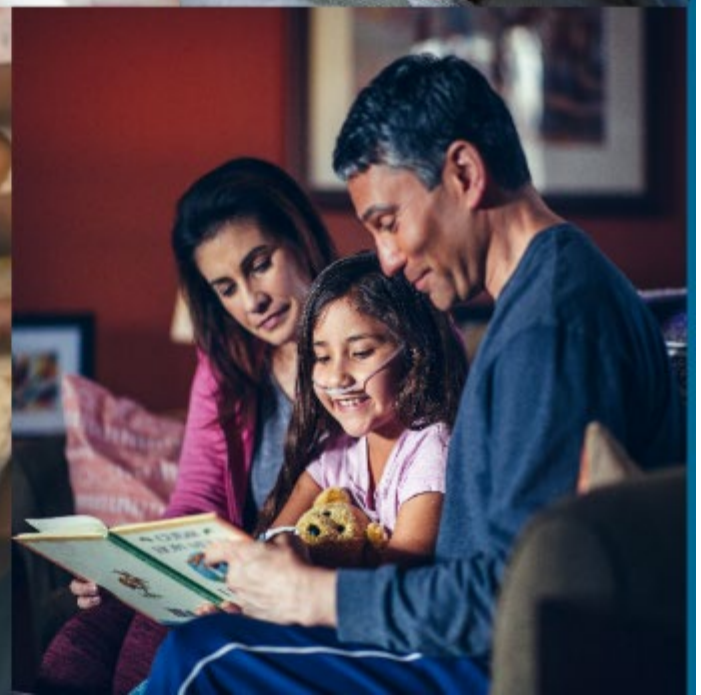
For more information, visit:

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

Contact the EDD

- **Employers only: 1-855-342-3645**
- English: 1-877-238-4373
- Spanish: 1-877-379-3819
- All other languages: 1-877-238-4373
- TTY: 1-800-445-1312
- California Relay Service: Call 711

(Provide the number 1-877-238-4373 to the operator.)



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.