How to Apply for Intermittent Paid Family Leave to Care for an Ill Family Member in California

Most workers in California are eligible for 8 weeks of Paid Family Leave (PFL) benefits each year while they take time away from work to:

• Care for a seriously ill family member,
• Bond with a new child, or
• Address needs related to a family member’s overseas military deployment.

You can take your PFL benefits all at once or intermittently. “Intermittent leave” means instead of taking all 8 weeks of PFL benefits at one time, you take your leave in smaller amounts of time or you reduce your regular schedule to work less while you are caring for a loved one. For example, one way to take intermittent leave is to reduce your schedule by taking Fridays off to care for a spouse after chemotherapy treatments. Another way to take intermittent leave is to take a few weeks off to care for a parent recovering from surgery, and then to take one day per week for several months to take your parent to follow-up physical therapy appointments.

This guide gives step-by-step instructions for how you can apply for and receive intermittent Paid Family Leave to care for a seriously ill family member in California. Paid Family Leave does not protect your job, but many workers are eligible for job-protected leave under the California Family Rights Act, including intermittent or reduced-schedule leave. For more information about Paid Family Leave for family caregivers, see FAQs about Paid Family Leave to Care for a Seriously Ill Family Member.

STEPS TO APPLYING FOR INTERMITTENT CAREGIVER PAID FAMILY LEAVE

Submit Form DE 2501F Claim for Paid Family Leave (PFL) Benefits, informing the EDD that you plan to use your benefits intermittently. You can apply for PFL online or by mail. To view a tutorial on how to apply for PFL online, visit SDI Online Tutorial: File a Paid Family Leave Claim. To order the paper claim form (DE 2501F) or view a sample claim form, visit Paid Family Leave – Forms and Publications. Undocumented workers should apply using a paper application. See Undocumented Workers’ Guide to Applying for California Disability Insurance and Paid Family Leave. Your family member’s health care provider will need to provide a medical certification.

IF APPLYING ONLINE (VIA SDI ONLINE):

• Complete the questions in Section 3 – Additional Questions.
• For “Date you last worked” enter the last day you worked your regular schedule before you reduced your hours or took time off to care for your family member.
STEP 1 CONTINUED

• For “Date you want your Paid Family Leave claim to begin,” enter the first day you reduced your hours or took time off to care for your family member.

• Answer **No** to “Do you want to claim the maximum amount of benefit weeks now?”

• Enter the date you want to be paid through (the last day you reduced your work schedule to care). If you don’t know yet, you can leave this blank.

• Enter the date you returned to work, or the date you plan to return to your regular schedule after your leave. If you don’t know yet when you will return, leave this question blank.

• Answer **Yes** to “Will you work at any time during your family leave?”

• Select type of pay you will receive from your employer during your leave. (E.g. enter “part-time.”)

**IF APPLYING WITH THE PAPER FORM:**

• For question A10, “Date you last worked,” write the last day you worked your regular schedule before you reduced your hours or took time off to care for your family member.

• For question A11, “Date you want your PFL claim to begin,” write the first day you reduced your hours or took time off to care for your family member.

• For question A12, enter the date you returned or will return to your regular schedule. If you don’t know yet when you will return to your regular schedule, leave this question blank.
Answer **Yes** to question A13 “Did you work or will you continue to work during your family leave period?”

For Question A22, “If your employer(s) continued or will continue to pay you during your family leave, indicate type of pay,” write in “Part-Time.”

Wait for phone call from the EDD to review details of your intermittent leave. Explain the schedule you are planning for your leave.
Wait for the EDD to send you Form DE 2580GF Continued Claim Certification for Paid Family Leave, and then fill it out and **return it by U.S. mail**, listing the days and hours you worked and how much you earned on those days. (See example below of a completed form showing a two-week period of reduced schedule leave.) The EDD will continue to send you these forms every two weeks during your leave, and you should fill out and return each form within 20 days of receiving them.

*NOTE: The EDD will send you continuing claim certification forms by mail even if you applied for benefits online.*

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**Continued Claim Certification For Paid Family Leave Benefits**

<table>
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<th>Date</th>
<th>No. of Hours Worked</th>
<th>Gross Amount Earned</th>
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<tr>
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<td>8</td>
<td>$100</td>
</tr>
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</table>

For Office Use Only:

- For Office Use Only:
- CED:
- Mailing Date:

**Important:** No check can be issued until you complete, sign, date, and return this form on or before the due date. If this form is not mailed within 20 days starting on the due date OR 20 days after the day you received this form, if the due date is passed, you may lose benefits.

**NOTE:** The EDD will send you continuing claim certification forms by mail even if you applied for benefits online.
Receive your benefits via debit card or check.

- Payments are 60 to 70 percent of the wages you earned during the quarter in which you earned the most in the 5 to 18 months before the start date of your claim.

*NOTE: Beginning in 2025, benefit rates will increase to 90 percent for low-to-middle income workers and 70 percent for higher earners.

- To calculate your weekly benefit amount, visit EDD’s Benefits Calculator.

- For intermittent leave, the EDD will subtract what you are earning from your job on an intermittent schedule from what you were earning before you began your leave. The difference is your wage loss. If your wage loss is more than your weekly benefit amount (see Benefits Calculator), the EDD will pay you your full weekly benefit amount. If your wage loss is less than your weekly benefit amount, the EDD will pay you only the amount of your wage loss.

End your PFL period or certify to extend your PFL if you have remaining benefits.

- A Notice of Final Payment (DE 2525XF) will be issued with your final payment when your PFL claim indicates that you are now ready to return to work. EDD will also send you a Paid Family Leave (PFL) Supplemental Claim Certification (DE 2525XFA) with the Notice of Final Payment (DE 2525XF).

- If you still have benefits available and need to continue providing care for a family member, select the box that applies to your claim on the PFL Claimant’s Certification section of the DE 2525XFA and have the care recipient’s Licensed Health Professional complete the Physician’s Supplementary Certificate section of the DE 2525XFA. Once completed, return this form to EDD.

- If you misplaced the DE 2525XFA, request the form using AskEDD or by calling 1-877-238-4373.

- If you use less than the full 8 weeks of benefits, and return to your regular schedule and then want to restart your claim later to use your remaining weeks, you must submit a new Claim for Paid Family Leave (PFL) Benefits (DE 2501F).
• You must notify the EDD to stop your benefits if any of the following happens during your PFL period:
  ▪ You return to work full-time.
  ▪ The care recipient recovers from their illness or injury.
  ▪ The care recipient dies.

• To stop benefits, complete the time card and note that you took no leave and want to return to work fully. Alternatively, visit AskEDD and follow these steps to send a message to EDD:
  ▪ For category, select Paid Family Leave.
  ▪ For sub-category, select Miscellaneous Inquiry.
  ▪ For topic, select Other (Questions). Select Continue, complete the electronic form, and note in the Additional Information box when you want your benefits to stop/when you returned or will return to work.

*NOTE: If you already applied for 8 weeks of continuous PFL, but want to switch to intermittent leave, contact EDD in one of the following ways:
  ▪ Call 1-877-238-4373
  ▪ Send a letter to:
    Paid Family Leave Customer Service Center
    PO Box 45011
    Fresno, CA 93718-5011
  ▪ Visit AskEDD and follow these steps:
    o For category, select Paid Family Leave.
    o For sub-category, select Miscellaneous Inquiry.
    o For topic, select Other (Questions).
    o Select Continue, complete the electronic form, stating in the Additional Information box that you want to switch to intermittent leave and noting your leave schedule, and select Submit.

Have Questions or Want More Information?
If you have questions about this fact sheet or your rights at work, contact Legal Aid at Work on our Work and Family Helpline: (800) 880-8047 or visit us online at legalaidatwork.org/wf

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