

如何在加州申请间歇性有薪家庭假、照顾生病的家人

LEGAL
AID AT
WORK

大多数的加州工作者有资格获得每年 8 个星期的有薪家庭假 (PFL) 福利，向雇主请假：



- 照顾重病的家人，
- 与家庭的新孩子建立亲子关系，或
- 处理与一名家人被军队部署到海外相关的需要

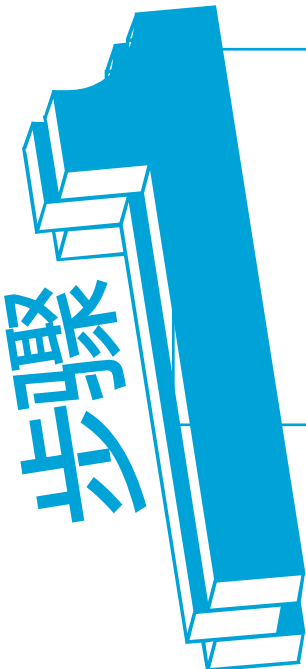
您可以一次性或间歇性使用您的 PFL 福利。“间歇性休假”意味着不是一次性用完 8 星期的 PFL 福利，而是每次短时间地休假，或者缩短工作排班、减少工作小时数，以便照顾家人。例如，间歇性休假的一种方法是减少排班、每星期五休假，以便照顾接受化疗的配偶。间歇性休假的另一种方法是一开始休假几个星期，照顾术后恢复的父母，在接下来的几个月里则每周休假一天，陪伴父母接受术后物理治疗。

本指南提供逐步指示，告诉您如何在加州申请和获得间歇性有薪家庭假，照顾重病家人。有薪家庭假并不提供工作保护。很多工作者合资格获得加州家庭权利法案提供的工作保护。想知道更多有关有薪家庭假和有工作保护的假期讯息，请参考 [“有关有薪家庭假的常见问题”]。

提交表格 [DE 2501F 有薪家庭假 \(PFL\) 福利申请表](#)，通知 EDD 您计划间歇性地使用您的休假福利。您可以在[网上](#)或[通过邮寄方式](#)申请 PFL。要观看如何上网申请 PFL 的教程，请见 [SDI Online 教程：提交有薪家庭假申请](#)。要索取纸质申请表 (DE 2501F) 或阅读申请表填写样本，请见有薪家庭假 [请见有薪家庭假 - 表格和出版物](#)。无证工作者应该使用纸质表格申请。请见 [无证工作者申请加州残障保险和有薪家庭假的指南](#)。您的家人的医疗服务提供者将需要提供医学证明。

如果上网申请 (通过 SDI Online):

- 回答“第 3 部分 - 更多问题”的问题。
- “您最后工作的日期” - 填写在您减少工作小时数或休假以便照顾家人之前、最后一次上正常排班的日期。



步骤 1 (续)

- “您希望有薪家庭假开始的日期” – 填写您第一次减少工作小时数或休假以便照顾家人的日期。
- “您是否想现在就申请使用最大限额的福利星期数” – 回答否。
- 填写您希望的付款终止日期 (您最后一次缩短工作排班以便照顾家人的日期)。如果您不知道，可以不填。
- 填写休假之后回来工作的日期或计划回到正常排班的日期。如果您不知道自己将何时回来，可以不填。
- “您在休家庭假期间的任何时候是否会工作” – 回答是。
- 选择在休假期间您将从雇主那里获得的工资类别。(例如“非全职”)

Additional Questions

Personal Information Employment Information **3 Additional Questions** 4 Bonding Certification 5 Declaration

You are currently on Step 3 Additional Questions

*Indicates Required Field

Section 7 - Additional Questions

*Date you last worked: (MDDYYYY)

The date you want your Paid Family Leave claim to begin should not be before the child's date of birth (or the Date of foster care or adoption placement).

*Date you want your Paid Family Leave claim to begin: (MDDYYYY)

*Do you want to claim the maximum amount of benefit weeks now? Yes No

If "No," enter the date you want to be paid through: (MDDYYYY)

Date you returned to work: (MDDYYYY)

Or date you plan to return to work: (MDDYYYY)

*Will you work at any time during your family leave? Yes No

If you will receive any type of pay from your employer(s) during your family leave, indicate type of pay:

Sick
 Employer Required Vacation
 Other Type of Pay

Specify if "Other type of pay": Select

*At any time during your Paid Family Leave, were you in the custody of law enforcement authorities because you were convicted of violating a law or ordinance? Yes No


*Have you claimed or do you plan to claim Workers' Compensation Benefits for any portion of the period covered by this claim? Yes No

Previous Cancel Save as Draft **Next**

如果用纸质表格申请：

- 问题 A10 – 您最后工作的日期：填写在您减少工作小时数或休假以便照顾家人之前、最后一次上正常排班的日期。
- 问题 A11 – 您希望 PFL 开始的日期：填写您第一次减少工作小时数或休假以便照顾家人的日期。

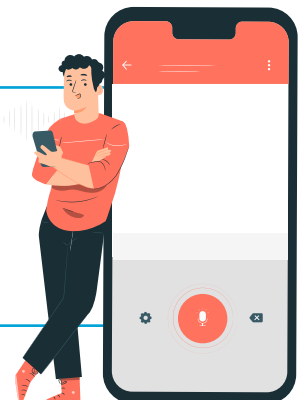
- 问题 A12: 填写回到或计划回到正常排班的日期。如果您不知道自己将何时回到正常排班, 可以不填。
- 问题 A13 – 您在休家庭假期间是否曾经或将要继续工作: 回答是。
- 问题 A22 – 如果在您休家庭假期间, 您的雇主继续或将要继续支付工资给您, 请说明工资类别: 填写 “Part-Time” 。

 Employment Development Department State of California		Claim for Paid Family Leave (PFL) Benefits	
PART A – STATEMENT OF CLAIMANT (CARE, BONDING, or MILITARY ASSIST PROVIDER)			
A1. YOUR SOCIAL SECURITY NO. 0 0 0 0 0 0 0 0 0 0		A2. YOUR DATE OF BIRTH M M D D Y Y Y Y 0 1 0 1 1 9 0 0	
A4. YOUR LEGAL NAME FIRST NAME MI LAST NAME S A M P L E C L A I M A N T		A3. LANGUAGE YOU PREFER TO USE ENGLISH ESPAÑOL OTHER (PRINT BELOW) X	
A5. YOUR GENDER MALE FEMALE X		A6. YOUR TELEPHONE NUMBER 9 9 9 0 2 3 6 7 8 9	
A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED		A8. YOUR MAILING ADDRESS (TO RECEIVE MAIL AT A PRIVATE MAIL BOX—NOT A US POSTAL SERVICE BOX—YOU MUST SHOW THE NUMBER IN THE “PMB#” SPACE) PMB# (IF APPLICABLE) 1 2 3 A N Y S T R E E T	
CITY A N Y T O W N		STATE/PROV. C A	ZIP or POSTAL CODE 1 2 3 4 5
A9. NAME OF YOUR EMPLOYER R O A D R U N N E R P A S T R I E S		MAILING ADDRESS 6 4 7 A R M I S T I C E W A Y	
CITY A N Y W H E R E		STATE/PROV. C A	ZIP or POSTAL CODE 6 6 2 2 2
EMPLOYER'S PHONE NUMBER 4 9 9 3 1 1 1 1 1		A10. DATE YOU LAST WORKED M M D D Y Y Y Y 1 2 0 1 2 0 1 5	
A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN M M D D Y Y Y Y 1 2 1 6 2 0 1 5		A12. DATE YOU RETURNED OR WILL RETURN TO WORK M M D D Y Y Y Y 0 1 2 7 2 0 1 6	
A13. DID YOU WORK or WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD? NO YES X		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) X	
A15. WHAT IS YOUR OCCUPATION? P A S T R Y C H E F		A16. SELECT YOUR PREFERRED PAYMENT METHOD <input type="checkbox"/> EDD DEBIT CARD SM <input type="checkbox"/> CHECK	
A17. LEGAL NAME OF CARE, BONDING, OR MILITARY ASSIST RECIPIENT (FIRST / MIDDLE INITIAL / LAST) C O O K I E A C C L A I M A N T			
A18. THE ABOVE-NAMED CARE, BONDING, OR MILITARY ASSIST RECIPIENT IS YOUR: REGISTERED DOMESTIC PARENT GRAND GRAND CHILD SPOUSE PARTNER PARENT IN-LAW PARENT CHILD SIBLING OTHER (EXPLAIN) X			

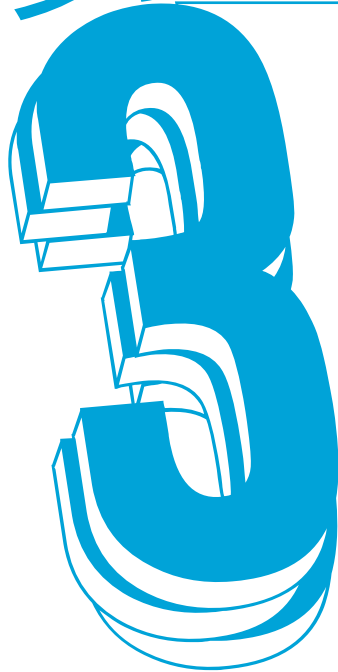


步骤

等待 EDD 打电话给您, 讨论您的间歇性休假的细节。讲清楚您休假期间的工作排班计划。




步骤



等待 EDD 寄来表格 DE 2580GF (有薪家庭假福利继续证明), 填好后 通过邮局寄回, 列出您工作的日期和小时以及那些日子里您挣得的工资。(请见以下填好的表格样本, 这是两个星期里缩短工作排班的例子。) EDD 将在休假期间继续每两个星期寄来表格, 而您应该在收到表格后 20 天内将表格填好寄回。



*注意: 即使您是上网申请福利, EDD 也会通过邮局寄送福利继续证明。



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

For Office Use Only: _____

CED: _____

Mailing Date: _____

Important: No check can be issued until you complete, sign, date, and return this form on _____ (due date). If this date is past, please complete, sign, date, and return this form immediately.

You may lose benefits 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.

In order to pay you Paid Family Leave benefits for the period from 1/1/23 through 3/31/23, we need the following information:

- Did you provide family care during the period shown above? Yes No
If no, enter the date you stopped providing family care and explain why you stopped: _____
- Did you work or earn any wages during the period shown above? Yes No
If yes, did you work part-time or full-time? full-time part-time - please respond to the questions below
- Gross salary (before deductions including tips but excluding overtime) for the last full week you worked before your PFL began: (if you have more than one employer, please provide salary information for each employer on the back of this form including your name and Social Security number). _____ \$ 800

4. Date you began part-time work or work at less than full pay: 1/1/23			5. Number of hours you usually worked per week before your PFL began: 40		
Date Worked	No. of Hours Worked	Gross Amount Earned	Date Worked	No. of Hours Worked	Gross Amount Earned
1/1/23	8	\$160	1/8/23	8	\$160
1/2/23	8	\$160	1/9/23	8	\$160
1/3/23	8	\$160	1/10/23	8	\$160
			1/11/23	8	\$160
			1/12/23	8	\$160

If you have received or expect to receive other types of payments (i.e., sick leave, vacation, pension pay, a loan, a gift, workers' compensation benefits, military reserve or National Guard pay) during the above period, show type and amount of payment(s), the period(s) covered by the payment(s), and the payer name(s) and telephone number(s). (Use the back of this form if you need more space. Include your name and Social Security number).

- Was anyone else available to provide care during the period shown above? Yes No
If yes, please explain: _____

I have reported on this form all money and wages I have received or will receive for the above certification period. My answers are true to the best of my knowledge.

Signature: _____ Date: _____

If your address and/or telephone number has changed, please enter the new information below.

No., Street and Apt. No., or PO Box	City	State	ZIP	Phone ()
-------------------------------------	------	-------	-----	-----------

If you have questions regarding this form, please call 1-877-238-4373 between the hours of 8:00 a.m. and 5:00 p.m.

PENALTIES: California Unemployment Insurance Code provides for penalties of fine, imprisonment, and loss of benefit rights for fraud against the Employment Development Department.

Versión en español adjunta

DE 2580GF Rev. 3 (11-21) (INTRANET) Page 1 of 2 CU

步骤

通过借记卡或支票收取福利。

- 福利付款金额是福利开始日之前 5 到 12 个月期间收入最高季的工资水平的 60% 到 70%。

*注意：从 2025 年开始，付款金额将增加至 90% (低中收入者) 或 70% (高收入者)。

- 要计算您的每周福利金额，请访问 EDD 的福利计算器。
- 如果间歇性休假，EDD 将采用 (您开始休假之前的工资水平) 减去 (间歇性休假期间的工资水平)。二者之差就是您的工资损失。如果工资损失超过您的每周福利金额 (请见福利计算器)，EDD 将全额支付每周福利金额。如果工资损失少于您的每周福利金额，EDD 将只支付工资损失的金额。



结束 PFL 或提交延长 PFL 的证明 (如果您有剩余的福利)。

- 如果您的 PFL 申请显示您准备好了回去工作，将连同您的最终付款寄给您一份 **最终付款通知 (DE 2525XF)**。EDD 将连同 **最终付款通知 (DE 2525XF)** 寄给您一份 **有薪家庭假 (PFL) 福利补充申请证明 (DE 2525XFA)**。
- 如果您还有剩余福利、需要继续照顾家人，在表格 DE 2525XFA 的“PFL 申请人证明”部分选择适用于您的申请的选项格，并让照顾接受者的持照医疗专业人员填写表格 DE 2525XFA 的“医生补充证明”部分。填写完成后，将表格寄还 EDD。
- 如果您丢失了表格 DE 2525XFA，请使用 [AskEDD](#) 或致电 1-877-238-4373 索取。
- 如果您在用完全部的 8 星期福利之前回到您的正常工作排班，之后又想重启申请以使用剩余的福利，您必须提交一份新的有薪家庭假 (PFL) 福利申请表 (DE 2501F)。



步骤

- 如果在 PFL 休假期间发生以下任何一项，您必须通知 EDD、停止福利：
 - 您恢复全时工作。
 - 接受照顾者康复。
 - 照顾接受者去世。
- 要停止福利，请填写工时卡，并注明您没有休假，想完全回去工作。此外，您也可以访问 AskEDD，遵照以下步骤向 EDD 发送消息：
 - 类别 – 选择 Paid Family Leave (有薪家庭假)。
 - 子类别 – 选择 Miscellaneous Inquiry (其他询问)。
 - 话题 – 选择 Other (Questions) (其他 (问题))。选择 Continue (继续)，填写电子表格，在 Additional Information (额外信息) 栏目中注明您希望何时停止福利/何时回到或将要回到工作。

*注意：如果您已经申请 8 星期连续休假，但想改变为间歇性休假，请联络 EDD：

- 致电 1-877-238-4373
- 寄信到：
Paid Family Leave Customer Service Center
PO Box 45011
Fresno, CA 93718-5011
- 访问 AskEDD 并遵照以下步骤：
 - 类别 – 选择 Paid Family Leave (有薪家庭假)。
 - 子类别 – 选择 Miscellaneous Inquiry (其他询问)。
 - 话题 – 选择 Other (Questions) (其他 (问题))。
 - 选择 Continue (继续)，填写电子表格，在 Additional Information (额外信息) 栏目中注明您希望改为间歇性休假、说明休假安排，并选择 Submit (提交)。



有更多问题或需要更多信息？

如果您对本事实说明书有任何疑问，或想进一步了解您的工作场所权利，请联络 Legal Aid at Work 的工作与家庭帮助热线 (800) 880-8047 或上网 legalaidatwork.org/wf。

**LEGAL
AID AT
WORK**

© 本文件的创作受到 AARP 基金会的资助。如有疑问，请联络 Legal Aid at Work 的工作与家庭帮助热线 (800) 880-8047。感谢 Family Caregiver Alliance 和 Association of California Caregiver Resource Centers 的审查和合作 Legal Aid at Work 不能保证内容符合最新法律，对其使用也不负责任。

AARP Foundation
For a future without senior poverty.