



# NOTICE OF EMPLOYEE RIGHTS UNDER THE CONNECTICUT FAMILY AND MEDICAL LEAVE ACT (CTFMLA) & CONNECTICUT PAID LEAVE ACT (CTPL)

# CONNECTICUT DEPARTMENT OF LABOR AND CONNECTICUT PAID LEAVE AUTHORITY

## LEAVE ENTITLEMENT AND ELIGIBILITY:

The CTFMLA provides eligible employees, after 3 consecutive months on the job, up to 12 weeks of unpaid, job-protected leave during a 12month period for qualifying family or medical leave reasons. Employees are entitled to return to their same job at the end of leave. The CTPL provides income replacement benefits to eligible employees who are unable to work for the same leave reasons. These leave options may run at the same time.

Qualifying reasons for leave include:

- The birth of a child and care within the first year after birth;
- The placement of a child with employee for adoption or foster care and care for child within the first year after placement;
- To care for a family member with a serious health condition. Family includes spouse (the person to whom one is legally married), sibling, son or daughter, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity;
- Because of the employee's own serious health condition;
- To serve as an organ or bone marrow donor;
- To address qualifying exigencies arising from a spouse, son, daughter or parent's active duty service in the armed forces; or
- To care or a spouse, son, daughter, parent or next of kin with a serious injury or illness incurred on active duty in the armed forces.

It also allows eligible employees to receive two extra weeks of leave (up to a total of 14 weeks) in connection with an incapacity that occurs during pregnancy. CTFMLA further allows eligible employees to take up to 26 weeks of leave in a single 12-month period to care for a covered servicemember with a serious injury or illness.

Employees may also take up to 12 days of leave to deal with the effects of family violence separate from leave time available under state or federal law. While this is not protected under CTFMLA, it is protected under the Connecticut Family Violence Leave Act and an employee can apply for CTPL in connection with these absences.

Leave does not have to be taken all at once. Employees may take leave intermittently (in separate blocks of time) or to reduce their work schedule.

CTFMLA leave is unpaid. However, an employer may require, or an employee may request to use their accrued, paid time off. An employee may choose to preserve up to 2 weeks of their accrued, paid time off. This accrued, paid time off is in addition to the income-replacement benefits available to employees under CTPL.

# APPLYING FOR INCOME-REPLACEMENT BENEFITS UNDER CTPL

Wage replacement benefits under the CTPL may also be available for CTFMLA absences. More information about Connecticut's Paid Leave program and instructions for how to apply are available at <u>https://ctpaidleave.org/</u>.

Some employers have received approval from the CT Paid Leave Authority to provide CTPL benefits to their employees through an approved private plan instead of through the state's CTPL program. Employers that have approved private plans are required to notify their employees how to file claims for benefits through their private plan and who the employees can contact for answers to questions about their plan. CTPL benefits are available for up to 12 weeks in a 12-month period, with an additional two weeks available to an employee for incapacity or medical treatment during pregnancy. Benefits are limited to 12 days for leave to deal with the effects of family violence.

# EMPLOYER NOTIFICATION FOR CTFMLA LEAVE

Employees should provide at least 30-days advance notice to their employer of the need to take CTFMLA leave if they can. If they are unable to because they do not know they need leave, the employee must provide notice as soon as they can. An employer may require a medical certification to support a request for leave.

# WHAT IS PROHIBITED?

The CTFMLA prohibits employers from:

- Interfering with or denying any rights provided by the CTFMLA or CTPL. Examples include, but are not limited to, improperly refusing to grant CTFMLA leave or discouraging employees from using CTFMLA leave or applying for CTPL benefits.
- Disciplining, terminating, discriminating against, or retaliating against any individual for taking CTFMLA leave or applying for CTPL benefits, for opposing or complaining about any unlawful practice, or being involved in any proceeding related to the CTFMLA.

If you believe that your CTFMLA rights have been violated, you can either file a complaint directly in Superior Court or with the Connecticut Department of Labor.

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To file a CTFMLA complaint with the Connecticut Department of Labor, complete and submit the appropriate CTFMLA complaint form found on the Department's website found at <u>THE CONNECTICUT FAMILY & MEDICAL LEAVE ACT and CT PAID LEAVE APPEALS</u>.

More information about the CTFMLA is available at <u>THE CONNECTICUT FAMILY & MEDICAL LEAVE ACT and CT PAID LEAVE APPEALS</u> and CTPL at <u>https://ctpaidleave.org/</u>.



# **SEXUAL HARASSMENT IS ILLEGAL**

# and is prohibited by The Connecticut Discrimination Employment Practices Act, and Title VII of the Civil Rights Act of 1964

Sexual harassment means: "Any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when:

- (1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- (2) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- (3) Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment."

Individuals who engage in acts of sexual harassment may be subject to civil and criminal penalties.

Examples of Sexual Harassment	Remedies For Sexual Harassment
<ul> <li>Unwelcome sexual advances</li> <li>Suggestive or lewd remarks</li> <li>Unwanted hugs, touches, or kisses</li> <li>Requests for sexual favors</li> <li>Retaliation for complaining about sexual harassment</li> <li>Derogatory or pornographic posters, cartoons or drawings</li> </ul>	<ul> <li>Cease and desist orders</li> <li>Back pay</li> <li>Compensatory damages</li> <li>Hiring, promotion or reinstatement</li> <li>Emotional distress damages</li> </ul>

Connecticut law requires that a written complaint be filed with the Commission within 300 days of the date the alleged harassment for events occurring on or after October 1, 2019. For harassment occurring before October 1, 2019, complaints must be filed within 180 days of the harassment.

# If you feel you have been discriminated against, contact the Connecticut Commission on Human Rights and Opportunities at 860-541-3400, CT Toll Free 1-800-477-5737, or online at www.ct.gov/CHRO

# NOTICE Connecticut General Statutes §§ 46a-60(a), (b)(7), (d)(1) Pregnancy Discrimination and Accommodation in the Workplace

#### **Covered Employers**

Each employer with more than 3 employees must comply with these anti-discrimination and reasonable accommodation laws related to an employee or job applicant's pregnancy, childbirth or related conditions, including lactation.

#### **Prohibition of Discrimination**

No employer may discriminate against an employee or job applicant because of her pregnancy, childbirth or other related conditions (e.g., breastfeeding or expressing milk at work).

Prohibited discriminatory conduct includes:

- Terminating employment because of pregnancy, childbirth or related condition
- Denying reasonable leave of absence for disability due to pregnancy (e.g., doctor prescribed bed rest during 6-8 week recovery period after birth)\*
- Denying disability or leave benefits accrued under plans maintained by the employer
- Failing to reinstate employee to original job or equivalent position after leave
- Limiting, segregating or classifying the employee in a way that would deprive her of employment opportunities
- Discriminating against her in the terms or conditions of employment

\*<u>Note:</u> There is no requirement that the employee be employed for a certain length of time prior to being granted job protected leave of absence under this law.

#### **Reasonable Accommodation**

An employer must provide a reasonable accommodation to an employee or job applicant due to her pregnancy, childbirth or needing to breastfeed or express milk at work.

Reasonable accommodations include, but are not limited to:

- Being permitted to sit while working
- More frequent or longer breaks
- Periodic rest
- Assistance with manual labor
- Job restructuring
- Light duty assignments
- Modified work schedules
- Temporary transfers to less strenuous or less hazardous work
- Time off to recover from childbirth (prescribed by a Doctor, typically 6-8 weeks
- Break time and appropriate facilities (not a bathroom) for expressing milk

#### **Denial of Reasonable Accommodation**

No employer may discriminate against employee or job applicant by denying a reasonable accommodation due to pregnancy.

Prohibited discriminatory conduct includes:

- Failing to make reasonable accommodation (and is not an undue hardship)\*\*
- Denying job opportunities to employee or job applicant because of request for reasonable accommodation

- Forcing employee or job applicant to accept a reasonable accommodation when she has no known limitation related to pregnancy or the accommodation is not required to perform the essential duties of job
- Requiring employee to take a leave of absence where a reasonable accommodation could have been made instead

\*\*<u>Note</u>: To demonstrate an undue hardship, the employer must show that the accommodation would require a significant difficulty or expense in light of its circumstances.

#### **Prohibition of Retaliation**

Employers are prohibited from retaliating against an employee because of a request for reasonable accommodation.

#### **Notice Requirements**

Employers must post or provide this notice to all existing employees by January 28, 2018; to an existing employee within 10 days after she notifies the employer of her pregnancy or related conditions; and to new employees upon commencing employment.

#### **Complaint Process**

#### <u>CHRO</u>

Any employee aggrieved by a violation of these statutes may file a complaint with the Connecticut Commission on Human Rights and Opportunities (CHRO). Complainants have 180 days from the date of the alleged act of discrimination, or from the time that you reasonably became aware of the discrimination, in which to file a complaint. It is illegal for anyone to retaliate against you for filing a complaint.

#### CHRO main number: 860-541-3400

CHRO website: www.ct.gov/chro/site/default.asp CHRO link "How to File a Discrimination Complaint": http://www.ct.gov/chro/taxonomy/v4\_taxonomy.asp? DLN=45570&chroNav=[45570]

#### DOL

Additionally, women who are denied the right to breastfeed or express milk at work, or are discriminated or retaliated against for doing so, may also file a complaint with the Connecticut Department of Labor (DOL).

DOL phone number: 860-263-6791 DOL complaint form: For English: <u>http://www.ctdol.state.ct.us/wgwkstnd/forms/DOL-80%20fillable.doc</u> For Spanish: <u>http://www.ctdol.state.ct.us/wgwkstnd/forms/DOL-80S%20fillable-Spa.doc</u>

# NOTICE Connecticut General Statutes §§ 31-57r - 31-57w – Paid Sick Leave

Each employer with 50 or more employees based on the number of employees on its payroll for the week containing October 1, shall provide paid sick leave annually to each of its service workers in the state. The paid sick leave shall accrue beginning January 1, 2012 for current employees, or for a service worker hired after January 1, 2012, beginning on the service worker's date of employment.

## Accrual

The accrual is at a rate of one hour of paid sick leave for each 40 hours worked by a service worker up to a maximum of 40 hours per year (the employer shall choose any 365 day period used to calculate employee benefits in order to administer paid sick leave).

• No service worker shall be entitled to use more than the maximum number of accrued hours.

# **Carry Over**

Each service worker shall be entitled to carry over up to 40 unused accrued hours of paid sick leave from the current year period to the following year period

# **Use of Paid Sick Leave**

A service worker shall be entitled to the use of accrued paid sick leave upon the completion of the service worker's  $680^{th}$  hour of employment

- from January 1, 2012, for current service workers, or
- if hired after January 1, 2012, upon the completion of the service worker's 680<sup>th</sup> hour of employment from the date of hire, unless the employer agrees to an earlier date.

A service worker shall not be entitled to the use of accrued paid sick leave if such service worker did not work an average of 10 or more hours a week for the employer in the most recent complete calendar quarter.

# Pay

Each employer shall pay each service worker for paid sick leave at a pay rate equal to the greater of either

- the normal hourly wage for that service worker, or
- the minimum fair wage rate under section 31-58 of the general statutes in effect for the pay period during which the employee used paid sick leave.

# **Reasons for Use of Leave**

A service worker may use paid sick leave for his or her own:

- illness, injury or health condition;
- the medical diagnosis, care or treatment of his or her mental illness or physical illness, injury or health condition; or
- preventative medical care.

A service worker may use paid sick leave for a child's or spouse's:

- illness, injury or health condition; the medical diagnosis,
- care or treatment of a mental or physical illness, injury or health condition; or
- preventative medical care

A service worker may use paid sick leave if the service worker is a victim of family violence or sexual assault:

 for medical care or psychological or other counseling for physical or psychological injury or disability;

- to obtain services from a victim services organization;
- to relocate due to such family violence or sexual assault;
- to participate in any civil or criminal proceedings related to or resulting from such family violence or sexual assault.

#### Notice

If leave is foreseeable, the employer may require advance notice. If leave is unforeseeable, the employer may require notice as soon as practicable.

# Reasonable Documentation

Documentation for paid sick leave of 3 or more consecutive work days may be required

- documentation signed by a health care provider who is treating the service worker or the service worker's child or spouse indicating the need for the number of days of such leave shall be considered reasonable documentation.
- a court record or documentation signed by a service worker or volunteer working for a victim services organization, an attorney, a police officer or other counselor involved with the service worker shall be considered reasonable documentation for a victim of family violence or sexual assault.

# Prohibition of Retaliation or Discrimination

No employer shall take retaliatory personnel action or discriminate against an employee because the employee:

- requests or uses paid sick leave either in accordance with the act; or
- in accordance with the employer's own paid sick leave policy, as the case may be; or
- files a complaint with the Labor Commissioner alleging the employer's violation of the act

# **Collective Bargaining**

Nothing in the act shall diminish any rights provided to any employee or service worker under a collective bargaining agreement, or preempt or override the terms of any collective bargaining agreement effective prior to January 1, 2012.

# **Complaint Process**

Any employee aggrieved by a violation of the provisions of the act may file a complaint with the Labor Commissioner. Upon receipt of any such complaint, said Commissioner may hold a hearing. After a hearing, the Commissioner may assess a civil penalty or award other relief.

This is not the complete Paid Sick Leave law. Please contact your Human Resources office for additional information.

Effective 1/1/15

# WAGE PAYMENT NOTIFICATION FORM

Rate or rates of pay:		
Overtime rate or rates of pay:		
Paid by/on:		
Pay Frequency:		
Place of Payment:		
Position/Title:		
Regularly scheduled pay day(s)/dates(s):		
Regular work schedule:		
I, the employee, acknowledge that I have received a copy of this notice:		
Employee name:		
Employee signature:		
Date:		