Stanislaus County
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Supplementing Disability Benefits

The Family Medical Leave Act (FMLA) is an unpaid leave of absence. While off work due to medical disability where you are receiving disability payments (SDI, Workers Compensation Temporary Disability payments, Management Disability leave payments, etc) you are not required to supplement the Disability Benefit payments, but you may request to supplement your benefit payments with any applicable leave accruals you have available.

You are no longer required to supplement your disability payments with applicable leave accruals. You must let your department know if you would like to supplement your disability payments with your leave accruals prior to beginning your leave of absence. Should you later alter your decision the County will consider one change, but will not allow multiple changes.

There are several advantages to supplementing disability benefits with accrued sick, vacation, holiday or comp. time:

1) Claimant receives a full paycheck (through a combination of accrued time usage and disability payments) if employee has sufficient accrued time available.
2) Claimant continues to accrue sick, vacation and holiday time at the normal rate.
3) County sponsored premiums for employee medical, dental and vision benefits are paid by the County as long as the employee continues on FMLA and or paid leave of absence.
4) Disability payments are non-taxable.
5) Retirement contributions continue (based on hours paid through payroll).
6) If an employee has not attained the 5th step of his/her classification, the review date will be extended by the amount of time that the employee is on an unpaid leave, if the unpaid leave is over half a month. This also applies to vacation accruals, if the employee is not at the highest vacation accrual rate.

Do you wish to request that your department head approve supplementing disability benefits with any or all time accrued? (Indicate below)

_____ Yes _____ No

If you mark "Yes" your accrued benefits will be used in the following order unless otherwise specified; sick leave, comp. time, vacation, holiday. If you mark "No" you will only receive disability payments.

_____ _____
Print Name **Employee ID#**

_____ _____ _____
Signature **Department** **Date**

<u>This form should be given to your department payroll clerk.</u> Your signature above indicates that you have read this form, as well as notified your payroll clerk, about your desire regarding supplementing disability benefits.

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