



Supplementing Disability Benefits Payments

The Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), and California Pregnancy Disability Leave Law (PDL) allow an eligible employee to take unpaid job-protected leave for certain qualifying reasons. While off work due to medical disability, covered by one of these protected leaves and receiving disability benefit payments from any source (SDI, Workers' Compensation Temporary Disability, Management Disability, etc.), you are not required to supplement the disability benefit payments with your applicable leave accruals, however you may request to do so.

You must notify your department if you wish to supplement your disability benefit payments with your leave accruals prior to beginning your leave of absence. The County will consider only one change and will not allow multiple changes.

Some advantages to supplementing disability benefit payments with accrued sick leave, comp time, or vacation are:

- If you have sufficient accrued time available, you will receive full pay period earnings achieved through a combination of leave accruals and disability benefit payments.
- Sick, vacation, and holiday time continue to accrue at the normal rate.
- County sponsored premiums for employee medical, dental, and vision benefits continue to be paid by the County while you are covered by FMLA, CFRA, PDL and/or on a paid leave of absence (receiving a paycheck from the County).
- Retirement contributions continue (based on hours paid through payroll).

Do you request your Department Head approve supplementing disability benefit payments with any applicable or otherwise approved leave accruals? (Indicate below)

If you mark "Yes," your leave accruals will be used in the following order unless your employer specifies otherwise: sick leave, comp time, vacation. The County's ability to accurately supplement your disability benefit payments is contingent upon you providing the County with copies of your disability benefit payments in a timely fashion. The County will not adjust supplemental payments for disability benefit payments received on a retroactive basis.

If you mark "No," the County will not use your accruals to supplement your Disability Benefit Payments.

_____ Yes _____ No

Print Name

Employee ID#

Department

Signature

Date

This form should be given to your department payroll clerk. Your signature above indicates that you have read through and understand this form and that you have notified your payroll clerk regarding your decision to supplement Disability Benefit Payments.