



## MANAGEMENT DISABILITY LEAVE CLAIM FORM

Stanislaus County managers do not participate in the State Disability Insurance (SDI) program. The County provides a self-insured limited income protection plan providing a manager who is temporarily unable to work due to illness or injury (not work related) 50% of the manager's monthly salary in lieu of SDI for a period not to exceed twelve months beginning on the 8<sup>th</sup> consecutive calendar day of disability.

To be eligible for the benefit, the manager must have been employed by the County for a minimum of twelve months. During the seven (7) consecutive calendar day waiting period the employee will use all available leave accruals. Beginning on the 8<sup>th</sup> day, the manager will receive Management Disability Leave (MDL) benefits equal to 50% of their regular salary and is required to supplement this benefit with available leave accruals. While on MDL, the manager shall be placed on Family Medical Leave (FMLA)/California Family Rights Act Leave (CFRA) if eligible. While on FMLA/CFRA and MDL, the manager may elect not to supplement the MDL benefit with available leave accruals.

The manager must fully execute and submit this form to the CEO-Risk Management Division within 30 days of the first day of disability. If the employee is unable to complete the claim form, the Department Head or designee may submit it on the employee's behalf.

The employee must attach to this claim form, medical certification from a licensed healthcare provider. The certification must state that the employee is medically unable to perform the essential functions of his/her job, the date the condition began, the specific dates the employee will be unable to work and it must include a prognosis. Medical recertification will be required for any requested leave extensions.

Each new illness or injury requires the employee to meet a seven (7) consecutive calendar day waiting period and entitles the employee to a maximum of fifty (50) weeks of benefits. If the manager returns to work and is taken off work again for the same injury or illness, the waiting period may be waived with Chief Executive Office approval. A manager will only be eligible to receive a total of fifty (50) weeks of benefit for the same injury or illness even if they have met the second seven (7) day waiting period. An employee receiving MDL for a pregnancy related disability will not be required to serve a second seven (7) day waiting period for the same pregnancy.

Employees requesting to work a temporary reduced work schedule due to a leave of absence request with an appropriate medical certification will be entitled to coordinate the use of their management leave benefits with their temporary reduced work schedule. The County will coordinate the accruals similar to other short-term disability leave programs.

<b>To be completed by employee:</b>	
Print Full Name:	Employee ID:
Home/Cell Phone:	Department:
Date condition began:	7-day waiting period will be from _____ to _____
Dates you will be unable to work because of this condition:	
Name of Treating Physician:	Physician Phone Number:
Physician Address:	
I have read and understand the provisions outlined in this form and my signature below acknowledges my understanding and acceptance of these terms. All information I provided on this form is true and correct to the best of my knowledge. I understand that it is the basis on which coverage may be issued under this plan. Any misstatements or omissions may result in future coverage being denied and/or the coverage being rescinded. Should changes take place affecting these statements, I will immediately inform my employer of the change.	
Signature of Employee or Department Head:	Date:

**Return this completed form along with the Attending Physician's Statement to CEO-Risk Management Division.**