



**REPORTING
ABSENCES
CLASSIFIED
STAFF**

2021

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ABSENCE REPORTING PROCEDURES Classified Staff Employee Benefits Department

Between collective bargaining agreements, Education Code, state and federal regulations, reporting an employee's absence under the correct category can be confusing. Hopefully, this document will make the process a little easier.

If there is any discrepancy between this document and the collective bargaining agreement, the collective bargaining agreement supersedes.

TIMELINE:

Employees should have their absences in ESS by the 5th of the month, to allow time for supervisors to review and make any necessary adjustments. All absences need to be finalized and approved by the supervisor by the 11th of each month, so that the balances will be reflected accurately on the employee's paycheck stub.

- ❖ If an employee is going to be on an extended leave or in the case of resignation/termination/death of an employee, please **inform the Employee Benefits Department immediately and enter the absences in ESS, for duration of leave ASAP** to avoid the possibility of overpayment to the employee.

Every classified and management employee is required to submit an absence transaction each month, even if the employee does not have any absences to report. If the employee does not have any absences, they are to report "No Absences" in ESS.

REPORTING ABSENCES:

To report absences:

1. Log into Employee Self Service (ESS) and
2. Click the "Absence Reporting" tile. On the left side of the screen, click "Absence Management".
 - a. If you are authorized and are reporting absences for another employee, you will have an additional category: "Absence Administration".
 - i. "Absence Time History" allows an employee to review all absences submitted (this will be discussed later in the booklet).



Enter the approving supervisor's Employee ID#.

Reporting Month

From 07/01/2021
Through 07/31/2021
Approving Supervisor ID

If you do not know the supervisor's ID number, you can search by "Display Name" or "Last Name".

Search for: Approving Supervisor ID

▼ Search Criteria

Empl ID (begins with)
Display Name (begins with)
Last Name (begins with)

Report the time missed under "Submit Absence". After selecting the appropriate Benefit Program, select the correct "Absence Code" for the time missed. Enter the dates of absence and the hours. Add comments for any absence requiring additional information. Click the "+" button to add additional lines for multiple absences. Once all absences are entered, click the "Submit Absence Button".

| *Benefit Program | *Absence Code | *Begin Date | *End Date | Hours |
|------------------------|----------------------|----------------------|----------------------|----------------------|
| 1 <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Submit Absence

REVISED/ADDITIONAL ABSENCES:

An employee may delete an absence by using the "-" button, up to the point the absences are approved by the supervisor. Once an absence is approved, the absence can only be deleted by Benefits staff until the 12th of the month. Any corrections after the 12th will need to be submitted to Employee Benefits by emailing a revised absence report using the Cumulative Absence Report form located on our website ([bs-137.pdf \(losrios.edu\)](#)).

If an employee needs to report additional time missed for a prior month, this can be reported in ESS. Note that the "Reporting Month" is the month we are currently reporting, not necessarily the month of the absence. For example, if on July 31st an employee is

submitting a June absence, the Reporting Month will show as July, since that would be the current reporting month. Under "Submit Absences," you can designate the exact date(s) of the absence. The same applies if you are reporting absences for a future month.

Reporting Month

From 07/01/2021

Through 07/31/2021

If a revised absence report is submitted and the original and revised leave types are not necessarily interchangeable, the employee will receive a memo for the Employee Benefits Department denying the revision. The employee may submit additional documentation to Employee Benefits Department to substantiate the change in leaves and Employee Benefits will re-evaluate the revision.

For example:

Hildigard submitted an absence report with 8 hours personal business. She only had 6 hours available to use, and her vacation was depleted so 2 hours were changed to a loss of pay. Hildigard then submitted a revised absence report for 6 hours personal business and 2 hours sick leave. Sick leave and personal business are not interchangeable leaves, so the revision was denied. If Hildigard is able to supply a physician's note to substantiate her illness on that day, then the revision would be accepted.

REVIEWING PROCESSED ABSENCES:

The employee can view all processed absences, including changes made by Employee Benefits, in ESS by accessing the "Absence Time History" tab. Enter the date range you wish to review and click on "Select".

Absence Management

Absence Time History

Time Date Range

From

07/01/2020

📅

Through

08/30/2020

📅

Select

Time History

| Benefit Program | Supervisor ID | Reporting Month | Absence Code | Begin Date | End Date | Hours | Comment | Attache File |
|----------------------------|---------------|-----------------|--------------|------------|------------|-----------|---------|--------------|
| 1 LRCEA 12 Benefit Program | 0979914 | 07/01/2020 | Vacation | 07/02/2020 | 07/02/2020 | 10.000000 | | |
| 2 LRCEA 12 Benefit Program | 0979914 | 07/01/2020 | Vacation | 07/14/2020 | 07/14/2020 | 10.000000 | | |
| 3 LRCEA 12 Benefit Program | 0979914 | 07/01/2020 | Vacation | 07/30/2020 | 07/30/2020 | 4.000000 | | |
| 4 LRCEA 12 Benefit Program | 0979914 | 08/01/2020 | Illness | 08/13/2020 | 08/13/2020 | 8.000000 | | |
| 5 LRCEA 12 Benefit Program | 0979914 | 08/01/2020 | Illness | 08/17/2020 | 08/17/2020 | 2.500000 | | |

Leave balances can be found on your paystub, which can be accessed through Employee Self Service. Please monitor your balances to ensure there have not been any reporting errors.

HOW TO READ YOUR BALANCES ON YOUR PAY STUB

Employee’s vacation and sick leave balances are at the bottom of their pay stubs, which can be accessed in ESS. Balances are one month behind the pay date. The example below, is from a September pay stub. a September pay stub would show balances through August. The boxes display *fiscal* year to date information.

| VACATION | YTD | SICK LEAVE | YTD |
|--------------------|--------------|---------------|--------------|
| Start Balance | 400.6 | Start Balance | 185.8 |
| + Earned | 28.0 | + Earned | 16.0 |
| - Taken | 24.0 | - Taken | 18.0 |
| - Sold | 0.0 | + Adjustments | 0.0 |
| + Adjustments | 0.0 | | |
| End Balance | 404.6 | | 183.8 |

Start Balance is the ending balance from the prior fiscal year.

+ Earned is an accumulated total of amount earned for the fiscal year. In the sample above the employee earns 14 hours per month of vacation and 8 hours of sick leave. The sample shows two months of accruals

-Taken is an accumulated total for time taken in the fiscal year. In the sample the employee has taken 24 hours of vacation and 18 hours sick leave in July and August.

-Sold is when vacation is donated for catastrophic leave or paid out to the employee.

+Adjustments is any adjustments made to your balance during the fiscal year, such as a revised absence report.

End Balance is the amount you ended the month with. At the end of the fiscal year, the end balance will roll up and become your new start balance.

SICK LEAVE:

Sick leave is for the **employee’s** own illness, injury, and doctor or dentist appointment.

An employee absent due to their own illness or injury must report sick leave, even if all their sick leave has been exhausted. It is possible the employee is eligible for an advance of sick leave or 5 Month Law Benefits. If the absences are not reported as sick leave, the Employee Benefits Department will not be aware the employee may be entitled to additional benefits.

The Employee Benefits Department will determine if the employee qualifies for 5 Month Law, and then make the appropriate adjustments in ESS.

Per all collective bargaining agreements, employees must provide a physician’s note for any absence of 10 days or more. Please email notes to benefits@losrios.edu. Due to FMLA regulations, and the timeline the Department of Labor provides employers to notify the employee of their rights under FMLA, it is imperative that these notes are obtained from the employees.

For long term leaves of absence (2 weeks or longer) employees need to complete the Request for Leave of Absence form (P-112), which can be downloaded at <https://employees.losrios.edu/lrccd/employee/doc/hr/forms/p-112.pdf>.

MATERNITY LEAVE & PARENTAL LEAVE:

Maternity Leave is the disability period, as designated by the employee's physician, due to pregnancy and birth of a child. Parental leave is for the birth and/or non-birth parent, for baby bonding.

Classified employees need to complete the Request for Pregnancy/Childbirth Leave of Absence (P-111) and submit it to their supervisor. This form may be Downloaded at <https://employees.losrios.edu/lrccd/employee/doc/hr/forms/p-111.pdf>

Classified employees utilizing maternity leave will need to submit medical verification (a note or form) from their physician. The medical verification must include the dates or duration (i.e. 6 weeks post partum/8 weeks post partum or a return to work date) that the physician authorizes the employee to be absent from work. The medical verification must also include a diagnosis (i.e. maternity, pregnancy), if 5 Month Law benefits will be needed. Copies of the medical verification should be provided to the employee's supervisor and Employee Benefits.

Classified employees utilize accrued sick leave (including the advance through June 30th) for maternity reasons. If the employee's sick leave is exhausted, the employee would be eligible for Five Month Law, provided they have submitted valid medical verification. Under Five Month Law, employees receive pay for 50% of the hours reported. The other 50% of the hours will be taken from available vacation, to keep the employee at full pay. For more information on 5 Month Law see the 5 Month Law section of this document.

Use the "Pregnancy Leave" absence code in ESS, to report these absences.

Under the Collective Bargaining agreement, the employee (birth or non-birth parent) receives one day of paid leave for the birth of the child. **Please e-mail the employee benefits department if you are aware of the date of birth of a newborn. This will allow the employee benefits department to process the leave information in a timely manner.**

Employee Benefits will coordinate Five Month Law benefits with the employee's vacation to provide a 100% salary. If the employee does not have enough vacation and is ineligible for Catastrophic Leave (see the Catastrophic Leave section of this document for more information), the other half will be a loss of pay. If an employee does not wish to have their vacation utilized, they must obtain a waiver from the Vice President of Administration at their college. Employees may only waive the use of vacation during the disability period, not during the parental leave.

A Classified employee may qualify for the Family and Medical Leave Act (FMLA), Pregnancy Disability Leave (PDL) and the California Family Rights Act (CFRA) for a up to a **maximum of 28 weeks, depending on the disability period designated by their physician.** These are all unpaid leaves, but they do have medical, dental and job protection. For more information on these leaves see the FMLA, CFRA and PDL section of this document.

Both the birth and non-birth parent may be eligible for Parental Leave. Parental Leave is

a state law that provides eligible employees **paid leave** for the 12 weeks of baby bonding time. Employees are eligible if they have been employed for at least 12 months.

During the 12 weeks of Parental Leave, the employee must use all available and advanced sick leaves to receive pay. If the employee exhausts all available and advanced sick leaves, then the employee will still receive pay for 50% of their reported hours. Parental Leave will be used with vacation, if available, for 100% pay.

Parental Leave may be used anytime within the first year the baby is born. The leave may be partial or intermittent. The Employee must work with their supervisor for a mutually agreed upon schedule.

Use the Absence Code of "Illness" for all parental leave and indicate "Parental Leave" in the comment section of ESS.

An employee could also opt for an unpaid leave which could be short-term (less than 5 months) or long-term (five months or more), once all available paid leaves are exhausted. Depending on which option they choose there could be an impact on their benefits.

For a short-term leave, the employee may not re-enroll in medical or dental insurance until an open enrollment period. Open enrollment takes place in the month of April of each year for the medical plans. The coverage will be effective July 1st.

For a long-term leave the employee may re-enroll into the dental and medical plan that they were previously enrolled in within 31 days of returning to work. Enrollment forms must be received in the Employee Benefits Department within 31 days of returning to work otherwise the employee must wait until the open enrollment period.

If the employee does not return to work on the date designated on Form P-111, it is imperative that they inform the Human Resources Department or the Employee Benefits Department.

The new dependent must be enrolled in the District's medical or dental plan within 31 calendar days from the date of birth or adoption. If the dependent is not enrolled within the 31 calendar days, then the next opportunity to enroll would be at open enrollment in April with coverage starting July 1.

LOS RIOS COMMUNITY COLLEGE DISTRICT

Request for Pregnancy / Childbirth Leave of Absence

Name _____ Empl ID _____

Job Title _____ Dept _____

Location ARC CRC DO Ethan FLC FM SCC

I plan to use my sick leave entitlement to cover (or help cover) days of absence due to temporary disability relating to pregnancy / childbirth. The anticipated dates of temporary disability are

From _____ To _____

I am attaching a verification of this anticipated disability (including beginning and ending dates) signed by my attending physician. If the length of this temporary disability changes, I will provide additional verification to Benefits as soon as possible.

I understand that if my sick leave entitlement (including other sick leave provided under Education Code Section 88196) is not sufficient to cover the absence due to pregnancy / childbirth disability, the District will use my accrued vacation to cover those days of disability. If that is insufficient, I request that unpaid leave be used.

Child Care Leave

I am requesting additional child care leave immediately following the last day of temporary disability. I will reduce my assignment by _____ (1%-100%). I will return to work on _____. I understand that this additional leave will be unpaid once all available paid leaves have been exhausted.

or

I am requesting child care leave from _____ to _____. I will reduce my assignment by _____ (1%-100%) during this time period. I understand that this leave will be unpaid once all available paid leaves have been exhausted.

Work Schedule 12 months 11 months 10 months 9 months

Employee: By signing below, I agree that I have read the reverse side of this form. I understand and accept the effects this leave will have on my Los Rios benefits.

Signed _____ Approved _____
Employee Date Administrative Officer Date

DISTRICT EMPLOYEE BENEFITS OFFICE USE ONLY

Use this section for disability period

Use the Child Care Leave section for the Parental Leave/Ba by Bonding time

FAMILY MEDICAL LEAVE ACT (FMLA), CALIFORNIA FAMILY RIGHTS ACT (CFRA) & PREGNANCY DISABILITY LEAVE (PDL):

FMLA is a federal law and CFRA is a state law that provides eligible employees an **unpaid leave** of up to 60 days (12 weeks) in a 12-month period for certain family and medical reasons. Employees are generally eligible if they have worked at Los Rios for at least one year.

FMLA and CFRA are unpaid; therefore, employees must use the leave in conjunction with the appropriate paid leaves (sick leave, personal necessity, five month law and vacation) in order to receive all or part of their regular salary. Absences are submitted in ESS, with "FMLA" Indicated in the comments box. FMLA without any paid leaves associated will be given a loss of pay.

Since employees are only entitled to 60 days leave in a 12-month period, Employee Benefits tracks the amount of FMLA time taken. It is important the absence be noted as FMLA in ESS, especially in the instances where an employee is taking intermittent leave, so that Employee Benefits can accurately track FMLA usage.

FMLA will be automatically triggered based off absences of 10 days or more or by a doctor's note indicating continuous absences and/or treatment. In the case where absences are intermittent or for an immediate family member the employee will need to request FMLA by completing the *Family Medical Leave Request Form* and the *Family Medical Leave Certification of Physician or Practitioner*.

PDL is unpaid and valid while the employee is disabled by pregnancy, childbirth, or a related medical condition. PDL does not need to be taken in one continuous period of time but can be taken on an as needed basis.

FMLA/PDL/CFRA LEAVE INTERACTIONS

Below are a few possible scenarios to demonstrate how the combination of FMLA, PDL, and CFRA leaves would be coordinated. If you have any questions, please contact Employee Benefits at 568-3070.

Scenario 1:

Suzy works until her delivery date and has a normal delivery, without complications. Suzy's physician has released her from work for the standard 6 weeks. Suzy will return at the end of 6 weeks.

The following leaves are applicable: 6 weeks of the 16 week maximum PDL entitlement (her physician only authorized disability for 6 weeks) and 6 weeks of her maximum 12 week FMLA entitlement. She did not request any additional "bonding" time with the baby under CFRA.

Weeks:

| | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|----|----|----|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| PDL | | | | | | | | | | | | |
| FMLA | | | | | | | | | | | | |

Scenario 2:

Suzy works until her delivery date and has a normal delivery, without complications. Suzy's physician has released her from work for the standard 6 weeks. She has requested an additional leave of absence for 12 weeks for a total of 18 weeks.

The following leaves are applicable: 6 weeks of the 16 week maximum PDL entitlement (her physician only authorized disability for 6 weeks). She will use 12 weeks of her maximum 12 week FMLA entitlement and 12 weeks of her maximum 12 week CFRA entitlement.

Weeks:

| | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|------|---|---|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| PDL | | | | | | CFRA | | | | | | | | | | | |
| FMLA | | | | | | | | | | | | | | | | | |

Scenario 3:

Suzy is having a difficult pregnancy, so her physician takes her off work 8 weeks prior to delivery. She has a cesarean delivery, so her physician has released her from work for another 8 weeks. She has requested an additional leave of absence for 12 weeks for a total of 28 weeks.

The following leaves are applicable: 16 weeks of the 16 week maximum PDL. She will use 12 weeks of her maximum 12 week FMLA entitlement and 12 weeks of her maximum 12 week CFRA entitlement.

Weeks:

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|----|----|----|------|----|----|----|----|----|----|----|----|----|----|----|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25-28 |
| PDL | | | | | | | | | | | | CFRA | | | | | | | | | | | | |
| FMLA | | | | | | | | | | | | | | | | | | | | | | | | |



**LOS RIOS COMMUNITY COLLEGE DISTRICT
FAMILY MEDICAL LEAVE
CERTIFICATION OF PHYSICIAN OR PRACTITIONER
(must be completed by physician)
Return to Employee Benefits Department
916-568-3070**

| | |
|--|--|
| 1. Employee's Work Location & Department: | 2. Employee's Supervisor & Telephone Number: |
| 3. Name of Employee and Employee ID Number: | 4. Patient's Name (if other than employee, include relationship) |
| <p>5. The reverse side of this page describes what is meant by a "serious health condition" under the Family and Medical Leave act. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.</p> <p><input type="checkbox"/> (1) Hospital Care <input type="checkbox"/> (2) Absence Plus Treatment <input type="checkbox"/> (3) Pregnancy <input type="checkbox"/> (4) Chronic Condition Requiring Treatment</p> <p><input type="checkbox"/> (5) Permanent/Long-term Condition Requiring Treatment <input type="checkbox"/> (6) Multiple Treatments (Non-Chronic Conditions)</p> | |
| 6. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of the category marked above: | |
| 7. Date Condition Commenced: | 8. Probable Duration of condition: |
| 9. Regimen of treatment to be prescribed: (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment (even if only an estimate) if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.) | |
| 10. Is employee able to perform work of any kind? <input type="checkbox"/> No <input type="checkbox"/> Yes if "yes" list the functions the employee is unable to perform: | |
| FOR CERTIFICATION RELATING TO THE CARE FOR THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER, COMPLETE ITEMS 11 THROUGH 13 BELOW AS THEY APPLY TO THE FAMILY MEMBER. | |
| 11a. Does the patient require assistance for basic medical or personal needs or safety, or for transportation? | 12. If the patient will need care only intermittently , please indicate the probable duration of this need: |
| 11b. If 11a is no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? | |
| 13. To be completed by the employee needing family leave —When Family Leave is needed to care for a seriously ill family member, state the care you will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or by reducing your work schedule. | |
| <p>Signature of Employee: _____ Work# _____ Home# _____ Date: _____</p> | |
| 14. Type of Practice (Field of specialization, if any): | |
| Print name of physician or practitioner: | |
| Office Telephone#: | Address: |
| Signature of Physician: | |

Five Month Law:

When a classified member **exhausts all sick leaves**, including advance, the employee may be eligible for Five Month Law pay for 50% of the hours reported. An employee is credited with 100 days of Other Sick Leave each fiscal year. The 100 days includes the employees accrued and advanced sick leave.

For example, if an employee member has 12 sick days of accrued leave as of July 1, the amount of leave the employee could use for the remainder of the fiscal year would be the 12 days accrued plus 12 days advanced if the employee has more than six months of service. The employee would then have a total of 24 days of sick leave that will be included in the 100 days of Five Month Law/Other Sick Leave leaving 76 days of Five Month Law leave at 50%. If the employee has less than six months of service, the employee would be advanced six (6) days of sick leave.

If the employee has accrued vacation leave available after his/her sick leave is exhausted, the employee will be compensated for 50% of the hours under Five Month Law and 50% under vacation leave. If there is no accrued vacation, then the remaining 50% of the hours may be eligible for other entitlements (e.g. Catastrophic Leave and Long Term Disability).

- 1.) Employee will receive a **letter of notification/instruction** from the Los Rios Employee Benefits Department if he/she is eligible for Five Month Law.
- 2.) The letter will contain **the employee's available remaining leave balance and specific requirements that must be met in order for Five Month Law to take effect.**
- 3.) The following verification criteria must be received by the Employee Benefits Department for Five Month Law to be applied:
 - *The diagnosis supporting the absence.*
 - *The begin and end dates of the absence.*
 - *A physician's statement indicating the illness or injury that prohibits you from working.*
 - *The date you can return to work.*
 - *If there are any restrictions when you return to work. (e.g. no lifting over 25lbs)*
 - *Signed legibly by a medical physician. **

*Doctor notes may be signed by physician assistants, nurse practitioners, and chiropractors.

If acceptable medical verification is not received the employee is then given a loss of pay for the absences.

Scenario 1:

Hilda has **no sick leave remaining effective June 30, 2011 due to an illness**. She wants to know how many additional days of paid leave are available in the new fiscal year.

| Sick Leave | Five Month Law |
|--|---|
| 0 hours (0 days) | Up to 100 days maximum |
| 12 days advanced from the upcoming fiscal year | Computed Calculation: |
| | 100 days (Five Month Law) – 12 days (sick leave) = 88 days available after sick leave is exhausted |
| Total Sick Leave Available: 12 days | Total Approved Five Month Law Paid Leave: 88 days |

Scenario 2:

Hilda has a **balance of 24 hours of sick leave**. Based on her doctor's recommendations she will be off work for 6 months due to her illness, starting on July 1. She wants to know how much Five Month Law leave she will receive.

| Sick Leave | Five Month Law |
|--|---|
| Accrued 24 hours/8 hours = 3 days | Up to 100 days maximum |
| 3 days + 12 days advanced in the current fiscal year = 15 days | Computed Calculation: |
| | 100 days (Five Month Law) – 15 days (sick leave) = 85 days available after sick leave is exhausted |
| Total Sick Leave Available: 15 days | Total Five Month Law Available: 85 days |

Scenario 3:

Hilda has **1,200 hours of sick leave that will be exhausted on December 1, 2011**. She needs surgery due to injury and will be out of work for six (6) months. She would like to know how many additional days of paid leave are available.

| Sick Leave | Five Month Law |
|---|------------------------|
| 1,200 hours/8 hour work day = 150 days | Up to 100 days maximum |
| Employee is <i>ineligible</i> to receive Five Month Law; sick leave exceeds 100 days maximum | |

CATASTROPHIC LEAVE:

The Catastrophic Illness or Injury Leave Program **provides eligible employees, with 6 months or more of service, up to 90 calendar days of paid leave if the employee donated leave** to the Catastrophic Illness or Injury Leave Bank. It can be used by an eligible employee when that employee or a member of his or her immediate family suffers from a catastrophic illness or injury. In order to donate leave, you must be a permanent or probationary employee who has completed six (6) months or more of service. Leave must be donated in (3) hours increments, not to exceed 40 hours per solicitation. A minimum of 3 hours must be donated in three-year cycle to be eligible to use Catastrophic Leave. The program will be administered in three (3) years cycle, with the first cycle commencing on July 1, 2008 and ending on June 30, 2011. Unless otherwise agreed, the Catastrophic Illness or Injury Leave Program shall automatically renew for an additional three (3) year cycle upon the conclusion of a cycle. The length of Catastrophic Illness and Injury Leave commences from the first day that the employee is in less than full paid status.

Catastrophic illness or injury means an illness or injury that is **expected to incapacitate an employee from work for an extended period of time or that incapacitates a member of the employee's immediate family** which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he or she has **exhausted all of his or her eligible sick leave, vacation and other paid time off and is in less than full pay status**. Five Month Law (Other Sick Leave) and Catastrophic Illness or Injury Leave may run together to achieve full pay.

Donations may only be made during an official solicitation by the District which occurs on an annual basis in April. If there is a need, a special solicitation period may occur. District employees will be notified of solicitation periods in advance by Employee Benefits.

Catastrophic Leave Process:

- 1.) **LRCCD Employee Benefits Department will send notification to the employee** of eligibility with request forms to be completed and returned within a reasonable time frame to sustain continuation of paid leave benefits.
- 2.) **Once the application is returned to the Employee Benefits Department, it is submitted to the Director, Human Resources.** The Director will convene a meeting with the Catastrophic Leave committee. The committee will consider the reason for the leave, availability of leave in the bank, verify the eligibility criteria has been met, and then determines a decision. The name of the employee is not disclosed to the committee. The Director will notify both the employee and the Employee Benefits Department of the duration of the Catastrophic Leave.

Los Rios Community College District Catastrophic Leave Application Instructions Classified Employees and Managers

We are pleased to offer employees the ability to apply for the use of donated vacation to assist them in their recovery or their family member's recovery. To be eligible to apply for a Catastrophic Illness or Injury Leave, an employee must:

1. have satisfactorily completed one year of service with the District and
2. be *vested* in the program.

To be vested, an employee must have donated a minimum of three (3) accrued, unused vacation hours during the three year cycle.

Applications for Catastrophic Illness or Injury Leave will be reviewed by the Catastrophic Illness and Injury Committee. You will be notified of the committee's decision as quickly as possible. The forms listed below may be obtained from the Employee Benefits Department or online (forms printed online need to be submitted in duplicate). Below is a checklist to guide you through the application process.

The following forms must be completed to apply for Catastrophic Leave:

- Application for Catastrophic Illness or Injury Leave***- this form should be completed and submitted to the Employee Benefits Department with the other two forms referenced below.
- Catastrophic Illness or Injury Leave Medical Certification***- Complete the "Employee Information" section and request that your physician complete his/her portion. Your physician must complete this form or provide the same information on his/her personal form. Attach this documentation to the **Application for Catastrophic Illness or Injury Leave** form and submit to the Employee Benefits Department.
- Los Rios Community College District Authorization for Release of Medical Information***- Please complete, sign and date this form and return it to the Employee Benefits Department with the *Application for Catastrophic Illness or Injury Leave*.

The length of the Catastrophic Illness or Injury Leave shall not exceed ninety (90) calendar days, commencing from the first day that the employee is in less than full paid status. Catastrophic leave can only be used once for a single illness or injury.

An eligible employee must have exhausted all eligible paid leaves, including accrued vacation and sick leave, and be in less than full pay status to qualify for Catastrophic Illness or Injury Leave. Other Sick Leave (Five Month Law) and Catastrophic Illness or Injury Leave may be coordinated.

LOS RIOS COMMUNITY COLLEGE DISTRICT

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

SAMPLE CATASTROPHIC LEAVE

I, _____, authorize the release of the
(Print employee's name)

medical information described below to the Los Rios Community College District Catastrophic Illness or Injury Committee for the purpose of determining my eligibility for Catastrophic Illness or Injury Leave.

This authorization applies to the following type of information:

All medical information about me or my immediate family member provided in response to the Physician's Statement accompanying this Authorization for Release of Medical Information describing the incapacitating nature and probable duration of my medical condition or that of an immediate family member.

This authorization to release information is valid until I either return to my customary duties as an employee of the Los Rios Community College District or my employment as a Los Rios Community College District employee ends. However, regardless of whether I have returned to work or my employment has ended, this Authorization for Release of Medical Information shall expire one year from the date of this authorization.

_____ (Employee's Initials) I understand that I have the right to receive a true copy of this authorization. By placing my initials to the left of this clause on the original authorization, I hereby acknowledge that a true copy of this authorization has been received. A copy of this authorization shall be as valid as the original.

Dated: _____

(Employee's Signature)

LONG TERM DISABILITY:

Long term disability is provided to **all regular employees with a working assignment of 50% or more**. Eligible employees are automatically covered under the program upon date of hire. **The plan pays 66.67% of total monthly earnings not to exceed a total maximum benefit of \$10,000 per month, less other income benefits being received. Payments begin after ninety (90) days of disability, or after all sick leave is exhausted, whichever is longer.** The plan does not cover any disability caused by, contributed to by, or resulting from a pre-existing condition which begins in the first 12 months after your effective date of enrollment/hire.

Long Term Disability Benefits (LTD) **partially replaces your income if you become Totally or Partially Disabled while insured**. The benefits are currently administered by *Hartford*. **Hartford will pay a monthly benefit after the end of your elimination period (90 days of disability or after all sick leave is exhausted whichever is longer)** if documentation of the following is provided that the employee is:

- 1.) Totally or Partially Disabled due to an injury or sickness; and*
- 2.) Under the regular and continuing care of a physician that provides appropriate treatment in accordance with your disabling condition.*
- 3.) If approved for LTD, the District will pay up to 12-months of medical benefits at the same level as before the leave. Payments for the employee's portion of the premium need to be made to Custom Benefit Administrators.*

Long Term Disability Process:

- 1.) LRCCD Employee Benefits Department will notify the employee of eligibility for LTD and send the appropriate forms to be completed and return to UNUM.** This benefit is administered by the District. Working with the third-party administrator (*UNUM*) the District will assist in coordination of the benefit. **UNUM will make the final determination if the benefit is approved.**

- 2.) After submission of requested documentation, the employee will work directly with Hartford.** If the employee needs any assistance during this process, they may contact the Employee Benefits Department for assistance.

39 Month Reemployment:

39 month reemployment is a process that begins after the employee has exhausted all paid and unpaid leaves available and is in “non pay” status. The employee is placed on the District’s reemployment list. **The LRCCD Human Resources Department will coordinate this process and notify the employee of their rights and their responsibilities.**

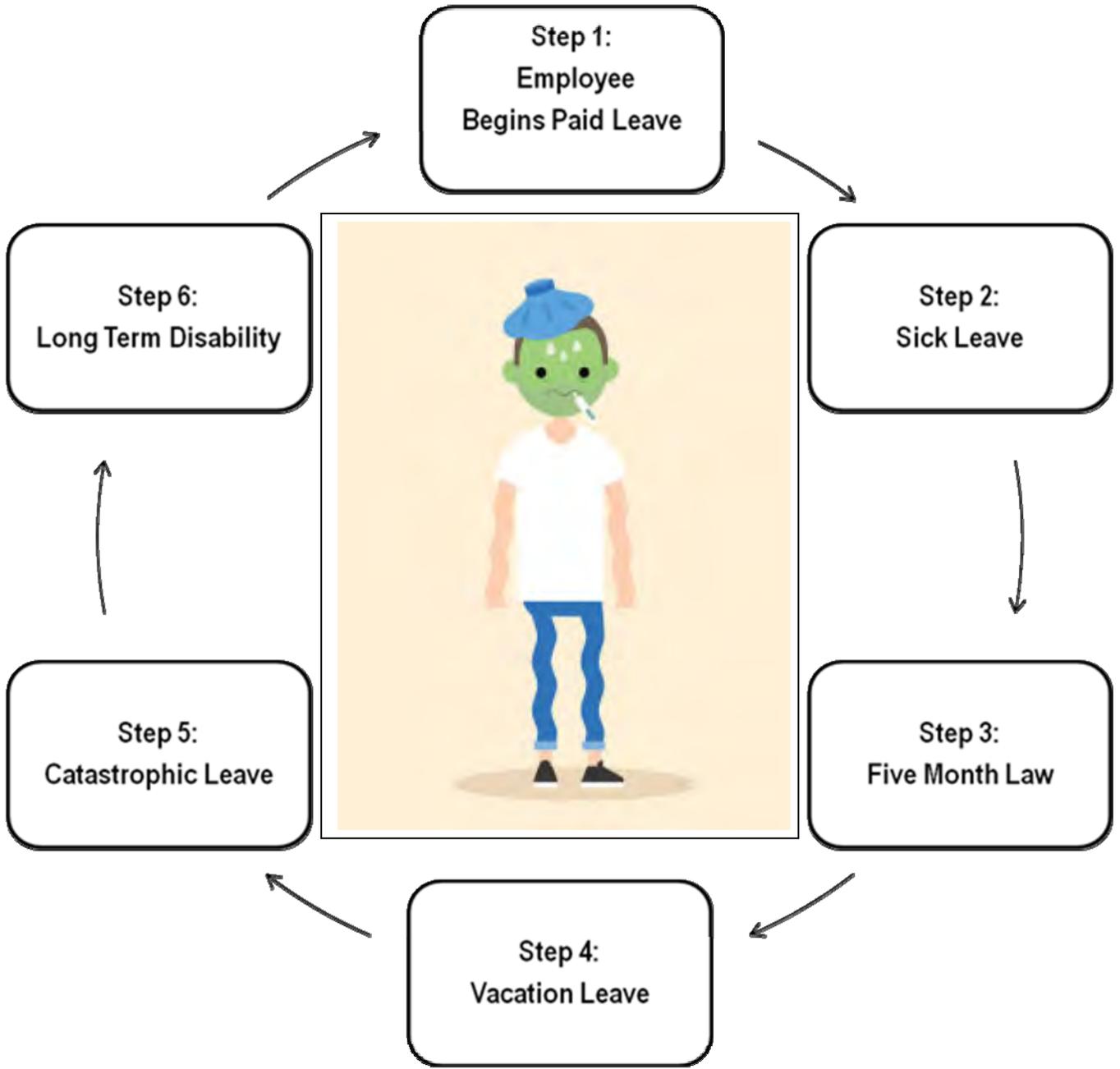
If, at the conclusion of all paid or unpaid leaves of absence to which employee is entitled, the employee is still unable to assume the duties of his or her position, **the employee shall be placed on a reemployment list for a period of thirty-nine (39) months.** If at any time during the thirty-nine (39) months the employee is able to assume the duties of their position, **the employee shall be reemployed in the first vacancy in the classification of their previous assignment.** The District may pay and appoint a non-attending physician to examine the employee if the District believes there is a need. The first vacancy in the classification of their previous assignment will be determined by the date the position vacancy is authorized to be filled by District Fiscal Services. **Their reemployment will take preference over all other applicants except those laid off for lack of work or lack of funds, in which case they shall be ranked according to their proper seniority.** If the employee **refuses an offer of reemployment, they shall be removed from the reemployment list and shall have no further rights of reemployment.**

39 Month Reemployment Process:

- 1.) The Employee Benefits Department notifies the District’s Human Resources Department of the date that the employee will be in **non-pay status** and has exhausted all paid and unpaid leaves.

- 2.) **The Human Resources Department coordinates notification** to the employee of 39 month reemployment process and procedures.

SEQUENCE OF EVENTS FOR AN EMPLOYEE USING LEAVE BENEFITS



VACATION:

Per the collective bargaining agreements, vacation can not be taken in period of less than 1 hour. For example, an employee who took a half hour of vacation, must report a full hour in ESS. ESS will not accept transactions for under 1 hour. If the employee took one and a half hours, then it is acceptable to report one and a half hours.

PERSONAL NECESSITY:

The general nature of the absence must be indicated in the "comments" field of ESS. General nature means to the extent that the Employee Benefits department can determine the absence qualifies under the guidelines in the collective bargaining agreement. If the transaction is missing the nature of the absence or if there is not enough information to determine if the absence meets the eligibility requirement, Employee Benefits will change the absence(s) to vacation or loss of pay depending on the employee's leave balances.

See the following page for more information on absences that qualify as personal necessity.

PERSONAL BUSINESS:

Per the collective bargaining agreements, personal business can not be taken in period of less than 1 hour. For example, and employee who took a half hour of personal business, must report a full hour in ESS. If the employee took one and a half hours, then it is acceptable to report one and a half hours. ESS will not accept transactions for under 1 hour.

The reason for personal business does not have to be noted on the absence report **however the employee does have to give their supervisor enough information about the absence for the supervisor to determine if the leave fits the bargaining unit's guidelines for personal business, prior to approving the absence as personal business.**

See the following page for more information on absences that qualify as personal business.

Los Rios Community College District

Personal Business and Personal Necessity Leaves

Faculty and Classified Employees

The following is intended as a guide for some of the appropriate uses of Personal Business (PRB) and Personal Necessity (PRN) leave. When reading the following, please keep in mind the number of hours in a "day" for faculty employees corresponds with the hours required in a workday (e.g. - for regular faculty a day equates to four hours, seven hours for a counselor, etc.). For full-time classified employees, a day consists of eight hours.

Personal Necessity Leave

Depending on the collective bargaining contract, six (faculty) or seven (classified) days of accrued sick leave may be used during any academic/fiscal year for personal necessity reasons. Personal necessity leave shall be limited to circumstances that are serious in nature that the employee cannot reasonably be expected to disregard, that necessitate immediate attention, **and** that **cannot** be taken care of outside work hours or on weekends.

Examples of appropriate use of PRN include (those categories underlined could also qualify as PRB):

- Religious observances of the employee's faith.
- Death or illness of a member of his/her immediate family. The illness need not be 'serious' to use PRN.
- Accident, involving his/her person or property, or the person or property of a member of his/her immediate family.
- Imminent danger to home of employee when the danger requires the attention of the employee during his/her assigned hours of duty. Such danger may be occasioned by flood, fire, earthquake or be of other serious nature, and under such circumstances as cannot reasonably be disregarded by the employee. An example would be an employee is having a repair person come to the house due to a broken gas line on a stove.
- To supplement critical illness leave.
- To supplement court appearance leave when employee is required to appear as litigant or as a witness when the appearance is not brought about by the misconduct of the employee.
- To supplement bereavement leave, or to attend the funeral of a very close friend/relative that does not meet the "immediate family" definition. The relationship should be such that the employee could not reasonably expect to miss the funeral (e.g. - a coworker, a very close niece).
- Medical and dental appointments of the employee's dependents that cannot be reasonably scheduled at times other than working hours.
- Inability to get to one's assigned place of duty because of last minute transportation failure (mechanical) or prohibitive weather.
- *Emergency/unplanned* day care need - the daycare center or provider is

unexpectedly unable to care for the employee's dependent. Vacation or a loss of pay would be appropriate if the employee knows in advance that the day care services will not be available (e.g. –Veteran's Day is observed on a Monday at Los Rios and on Tuesday at the day care center; the day care provider is on vacation), as the employee had time to plan for such an event.

REMINDER:

- As indicated in the instructions on the back of the absence report, indicate the *general nature* of the Personal Necessity use. General nature means to the extent outlined in the collective bargaining agreement. Absence reports without such information will be returned for this information.
- It is the supervisor's responsibility to monitor the number of Personal Necessity days used. PeopleSoft does not have the capability to track these days as PRN comes out of an employee's sick leave balance.

Personal Business Leave

Each full-time contract/regular employee may be granted a maximum of two days per fiscal year to resolve business-type matters which require attention during work hours and which are the responsibility and rightful concern of the individual. Personal business leave is to be used for activities that the employee **could not** reasonably be expected to accomplish during non-duty times.

Examples of appropriate leave include

- Financial or legal appointments.
- Examples underlined above under PRN.
- Parent/teacher conferences for child or other required school activities. If the leave use is due to parent participation requirement, a note from the school or a portion of the parent handbook indicating the volunteer work is required during working hours must accompany the absence report. This would be reported as PRN, not PRB.
- Attendance at a doctoral program orientation, dissertation defense or graduation ceremony.

Inappropriate Uses of Personal Necessity/Business Leave

- To supplement sick leave in an effort to minimize the use of accumulated sick leave while keeping employee in paid status.
- Personal or professional travel or recreational activities.
- Political-type activities.
- Grooming appointments for the employee, employee's family member, or for an animal.
- Attending a child's recreational or sports activities (e.g. – baseball game).

If revising an absence report between PRB and PRN, please indicate the nature of the absence. Although a reason is typically not required for PRB, PRB and PRN are interchangeable in limited situations, and stating the general nature of the absence will help the Employee Benefits department document the appropriateness of the revised report.

| LEAVE REASON | PRN | PRB |
|--|------------|------------|
| Religious observances of the employee's faith | X | |
| Death or serious illness of immediate family | X | |
| Accident, involving your property, or the person or property of a member of your immediate family. | X | X |
| To supplement critical illness leave | X | |
| Supplement judicial appearance leave | X | X |
| Supplement bereavement leave | X | |
| Medical & dental appts. of your dependents that cannot be reasonably scheduled at times other than working hours | X | |
| Financial or legal appointments. | | X |
| Inability to get to one's assigned place of duty because of transportation failure (mechanical) or prohibitive weather | X | |
| <u>Imminent danger to home of employee when the danger requires the attention of the employee during his/her assigned hours of duty.</u> Such danger may be occasioned by flood, fire, earthquake or be of other serious nature, and under such circumstances as cannot reasonably be disregarded by the employee. An example would be an employee is having a repair person come to the house due to a broken gas line on a stove | X | X |
| Parent/teacher conferences for child | | X |
| Emergency childcare issues | X | |
| Emergency vet appts | X | |
| Child's graduation | X | |

JURY DUTY:

For absences related to jury duty, documentation supporting the days the employee served must be submitted in ESS. If the documentation is missing ESS will not allow you to submit the absence. If the documentation does not support proof of attendance (**A jury duty summons is not proof of attendance**) Employee Benefits will change the absence(s) to vacation or loss of pay depending on the employees leave balances.

In most cases the court will ask the employee if they are paid by their employer and if so the court will only pay mileage. If the employee is paid a daily rate as a juror, they must then pay the money to the District. They would deposit the check from the court into their own account, and then write a check payable to Los Rios for the daily rate. The employee is entitled to keep the funds paid for mileage.

If the employee is released from jury services prior to their workday ending, they are expected to return to work for the remainder of their shift.

JUDICIAL APPEARANCE:

Eligible employees are granted one day for Judicial Appearance, provided the reason for the appearance was not the result of misconduct on the employee's behalf. A copy of the subpoena must be submitted in ESS or the absence cannot be submitted. If the documentation does not qualify, Employee Benefits will change the absence(s) to vacation or loss of pay depending on the employees leave balances.

If the employee is released from the court appearance prior to their workday ending, they are expected to return to work for the remainder of their shift.

CRITICAL ILLNESS:

For employees utilizing critical illness leave, a copy of a physician's statement verifying the need for the employee to be present must be submitted in ESS. If the documentation is missing ESS will not allow you to submit the absence.

An exception to the documentation requirement may be made if the illness is followed by the death of the family member. In order to submit the absence in ESS, please attach a note indicating that the illness was followed by the death of the family member.

This leave applies only to immediate family members as defined in the appropriate collective bargaining agreement. The relationship to the employee must be noted in "comments" in ESS.

BEREAVEMENT:

Eligible employees reporting bereavement leave must indicate in the "comments" in ESS the relationship to the deceased and the name of the deceased. If the information is missing, Employee Benefits will contact the appropriate contact person at the college for resolution. If the information is not provided Employee Benefits will change the absence(s) to vacation or loss of pay depending on the employees leave balances.

Also, employees must indicate if they had to travel over 350 miles or out of state. If there is not any information regarding travel on the absence report then it will be assumed there was only in state travel, less than 350 miles and only three days leave will be granted.

MILITARY LEAVE:

For absences related to military leave, signed military orders supporting the days the employee served must be submitted in ESS. If the documentation is missing ESS will not allow you to save the absence. Also, the employee must submit a copy of the military paystub to Employee Benefits. Los Rios pay will be offset by the military pay. If the military pay stub is not received, the employee will receive a loss of pay for the time missed.

WORKER'S COMPENSATION:

Absences related to worker's compensation, are entered under the absence code "Industrial Illness". A copy of the employee's work status report must be attached in ESS in order to submit the absence.

ADMINISTRATIVE LEAVE:

Only paid administrative leaves are reported in ESS. An unpaid administrative leave is handled through Human Resources and not reported in ESS.

LOS RIOS COMMUNITY COLLEGE DISTRICT EMPLOYEE BENEFITS DEPARTMENT POINTS OF CONTACT

| | |
|---|--|
| <p>Kris Kurk <i>Employee Benefits Technician</i> District Office</p> | <p>☎ 916-568-3060 ✉ kurkk@losrios.edu</p> |
| <p>Nicole Keller <i>Employee Benefits Supervisor</i> District Office</p> | <p>☎ 916-568-3197 ✉ Kellern@losrios.edu</p> |
| <p>Dawn Woltkamp <i>Employee Benefits Specialist</i> District Office</p> | <p>☎ 916-286-3623 ✉ Woltkad@losrios.edu</p> |
| <p>Devan Ivaska <i>Employee Benefits Technician</i> District Office</p> | <p>☎ 916-568-3051 ✉ Devan.Ivaska@losrios.edu</p> |
| <p>Main Information Line</p> | <p>☎ 916-568-3070</p> |

All information contained in the booklet and additional information can
be found on our website:

<https://employees.losrios.edu/benefits>