Los Rios Community College District

REPORTING

ABSENCES

Classified Staff

<table>
<thead>
<tr>
<th>EMPLOYEE LAST NAME</th>
<th>FIRST NAME</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**TOTAL HOURS ABSENT**

<table>
<thead>
<tr>
<th>REASON FOR ABSENCE</th>
<th>DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILLNESS</td>
<td></td>
</tr>
<tr>
<td>VACATION</td>
<td></td>
</tr>
<tr>
<td>PERSONAL BUSINESS</td>
<td></td>
</tr>
<tr>
<td>PERSONAL Necessity</td>
<td></td>
</tr>
<tr>
<td>NO ABSENCE</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER**

**OTHER**

The above is a true and accurate statement of the facts as related to no absence.

[Signature]

Employee

Date

[Signature]

Administrative Assistant

Date

January 2015
TABLE OF CONTENTS

Timeline 1
 Completing Absence Reports 1
 Sick Leave 2
 Maternity Leave 3
 Sample P-111 Form 5
 Family Medical Leave Act, California Family Rights Act, 7
 Pregnancy Disability Leave
 FMLA, CFRA, PDL Leave Interaction Grid 8
 FMLA Request Form (Sample) 9
 Physician’s Certification Form (Sample) 10
 Five Month Law 11
 Catastrophic Leave 13
 Catastrophic Leave Application Instructions 14
 Catastrophic Leave Application (Sample) 15
 Catastrophic Leave Medical Certification (Sample) 16
 Authorization for Release of Medical Information (Sample) 17
 Long Term Disability 18
 39 Month Reemployment 19
 Sequence of Events for Using Leaves 20
 Vacation 21
 Personal Necessity 21
 Personal Business 21
 Personal Necessity vs. Personal Business Guide 22
 Jury Duty 25
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judicial Appearance</td>
<td>25</td>
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<tr>
<td>Critical Illness</td>
<td>25</td>
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<tr>
<td>Bereavement</td>
<td>25</td>
</tr>
<tr>
<td>Military Leave</td>
<td>26</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>26</td>
</tr>
<tr>
<td>Administrative Leave</td>
<td>26</td>
</tr>
<tr>
<td>Revised/Additional Absence Reports</td>
<td>26</td>
</tr>
<tr>
<td>Employee Benefits Points of Contact</td>
<td>27</td>
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</table>
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.

To determine if an employee is eligible for a specific leave refer to the Leave Eligibility Grid at the back of the book.

**TIMELINE:**

The colleges need to have the absence reports to the Employee Benefits Department by the 5th working day of the month. Every absence report across the District comes to the Benefits Department. The Benefits Department has three working days to verify the absence reports for the proper information, documentation and leave balance. The absence reports are then sent off site for data entry. There is a twenty-four hour turnaround time on the data entry. The information is then uploaded to Peoplesoft, prior to the payroll run, so that the balances may be reflected on the employees paycheck stub.

If for any reason the deadline can not be met, please contact Employee Benefits immediately. If possible send all absence reports that are complete to Employee Benefits and then notify them of the amount outstanding. Absence reports that do not meet the deadlines may not be reflected on the employees paycheck stub, resulting in the employee receiving an inaccurate account of their balances.

- 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 submit absence reports for duration of leave ASAP to avoid the possibility of overpayment to the employee.

*Every classified employee is required to submit an absence report each month, even if the employee does not have any absences to report.*

**COMPLETING THE ABSENCE REPORT:**

It is extremely important that the correct employee ID number is reported on the absence report. Peoplesoft compares the ID number with the first four letters of the last name. If the employee ID number and name does not match and Peoplesoft will generate an error to notify us of the discrepancy. If there are two individuals with the same four letters of the last name and the ID numbers are mixed, for example Hildigard Humperdink and Jack Humperdink, if Hildigard’s ID number is placed on Jack’s absence report, the system will not recognize that as an error and Jack’s absences will post to Hildigard’s bank.
It’s also imperative that time used be reported on the absence report in the correct format. There are five boxes to report the hours missed. There are three boxes a heavy black line and two more boxes. The heavy black line represents the decimal. If the zeros after the decimal are not placed on the absence report, it moves all data to the right.

For example:
    Hildigard took 5 hours of sick leave the correct way to report the time is as follows:

```

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

```

If the time is reported without the zeros the five will shift all the way to the right and the employee would only be charge .05 of an hour.

It is also important that the absence reports are legible. If the individuals entering the data can not read an employees information, it could lead to employees being charged incorrectly for their absences.

Please use only blue or black ink on the absence reports. All absence reports are scanned into our "Keyfile” system. We have found that other colors tend to be very faint or not show up at all, rendering the absence report unreadable.

All absence reports must be signed by an authorized administrator. Those missing the signature will be returned to the college.

If an employee is not available to sign their absence report, indicate “unavailable to sign”, on the employee signature line, then forward Employee Benefits the absence report. Forward the employee their copy of the absence report, so they will have a record of what was reported.

**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 should 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 to the absence report. The college will be advised of the changes made, so the employee may be notified.

If an employee has exhausted all their sick leave and does not wish to provide a physicians statement, they may elect to report the absence as vacation with their supervisors approval.
Per all collective bargaining agreements, employees must provide a physician’s note for any absence of 10 days or more. Due to FMLA regulations, and the time line 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. Please forward the notes to the Employee Benefits Department as soon as possible. They can be forwarded prior to the employee’s absence report being submitted. Notes may be scanned and e-mailed or faxed to Employee Benefits at 286-3633.

**MATERNITY LEAVE:**

Classified employees should complete Form P-111 (Request for Pregnancy/Childbirth Leave of Absence) and submit it to the Vice President of Administration at their college. This form may be obtained from the college or it may be obtained from Human Resources (ext. 3107).

Classified employees should obtain 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). Copies of the medical verification should be provided to the College, Human Resources and Employee Benefits.

Classified employees utilize accrued sick leave (including the advance through June 30th) for maternity reasons, but only for the period authorized by their physician. 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 50% of their regular salary and 50% vacation or they could receive 50% of their regular salary and 50% loss of pay. For more information on 5 Month Law see the 5 Month Law section of this document.

Under the Collective Bargaining agreement the employee gets 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 new born. 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, 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.

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 maximum of 28 weeks. 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.

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) and 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.
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 Human Resources 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 – Unpaid*

I am requesting an unpaid child care leave immediately following the last day of allowable paid leave, including accrued vacation. I will return to work on ____________________________

Month D  Day  Year

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

*Only permanent employees are eligible for unpaid child care leave.

DISTRICT EMPLOYEE BENEFITS OFFICE USE ONLY

1. Last day of paid status ____________________________

2. Hours of paid sick leave used during temporary disability ____________________________

3. Hours of accrued vacation used for temporary disability / childcare ____________________________

Verified by ____________________________  Date ____________________________

Note: Must be approved by the work location administrative officer and forwarded to District Human Resources.

Original: Human Resources  Copy: Employee Benefits (attach copy of medical verification)  Copy: VPA  Copy: Employee

Absence Reporting procedures
Classified Staff
revised 1/2015
UNPAID LEAVE OF ABSENCE – EFFECT ON BENEFITS

Effect of Unpaid Leave on Benefits
- If the period of unpaid leave is for less than one full calendar month (e.g. May 1-15, 2013):
  - Benefits will remain in effect. If the employee’s pay is insufficient to cover the employee’s cost of benefits, the missed deductions will be adjusted on the next pay run after the employee returns.
  - SEIU Members: The District contribution for benefits will be prorated based on the percent of full time for each month affected.
  - Accrual of sick and vacation (if applicable) will be prorated based on percent of full-time for each month affected.
- If the period of unpaid leave is for one full calendar month or more (e.g. May 1-31, 2013 or after):
  - For Family Medical Leave Act / California Family Rights Act (FMLA / CFRA) covered absences, benefits will remain in effect so long as the employee submits payment for the employee’s cost of these benefits to the Los Rios Benefits Department by the 25th of each month for coverage the following month. Coverage will cease the first day of the following month if payment is not received on time.
  - For non-FMLA/CFRA covered absences, benefits will cease the first day of the month of the unpaid leave.
    - Employees may continue health, dental, vision and the Employee Assistance Program (EAP) benefits in accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA) regulations by paying the full amount of the monthly premium plus a 2% administrative fee. Custom Benefit Administrators (CBA) will mail COBRA paperwork to the employee’s home address.
    - Other benefits (e.g. life/accident insurance or long term disability) will cease on the commencement date of the leave or the first of the following month, depending on the plan design. It is the employee’s responsibility for making payment arrangements directly with companies to avoid cancellation.
    - An employee off work due to a disabling condition remains eligible for long term disability (LTD) benefits provided the application and eligibility criteria are met. Employees with an active LTD claim are eligible for the District contribution toward medical insurance for the first 12 months of LTD.
  - Accrual of sick and vacation (if applicable) will cease until employee returns to work.
  - Participation in the Medical Flexible Spending Account or Dependent Care Assistance Plan will cease on the commencement date of the unpaid leave. Upon return during the same plan year, the participant may elect to 1) reinstate the pre-leave payroll deduction, 2) reinstate the pre-leave payroll deduction and “catch-up” all missed contributions, or 3) not reinstate the contributions. This choice will affect the date range expenses qualify for reimbursement.

Effect of Cancellation of Medical, Dental & Vision Coverage
- For a short-term, unpaid leave of less than five months when the employee does not continue coverage through COBRA:
  - the employee may NOT re-enroll into the medical or dental plan until an open enrollment period (unless a different qualifying event occurs after the employee’s return to work such as loss of spouse’s coverage.) Open enrollment takes place the month of April of each year and the coverage is effective July 1.
- For a long-term leave of five months or more, whether or not the employee continues coverage through COBRA:
  - the employee may re-enroll into the medical and dental plan previously enrolled in within 31 days of returning to work and coverage will take effect the first of the month following the return to work. Enrollment forms must be received in Employee Benefits within 31 days of returning to work; otherwise, the employee must wait until the open enrollment to re-enroll.
  - If dental insurance is cancelled for any length of time, the coverage percentage will start back at 70% upon re-enrollment.
  - Due to the nature of the coverage, if vision insurance is cancelled for any length of time, employees will not be permitted to re-enroll for a minimum of 24 months from the date coverage terminated.

It is the EMPLOYEE'S RESPONSIBILITY TO CONTACT THE EMPLOYEE BENEFITS DEPARTMENT upon returning to work to request appropriate forms to re-enroll in all insurance.

Contact Employee Benefits at 916-568-3070 or e-mail benefits@losrios.edu with any questions.

Additional Information
For special payroll deductions through Schools Financial Credit Union, the employee must contact Schools directly to make any necessary special arrangements. Contact the Payroll Department at 916-268-3025 for more information.

Any unpaid LOA may also affect the following: service credit for longevity salary increases, CalPERS/CalSTRS service credit, annual increments, and vacation accrual increases, if applicable. Please refer to the appropriate Collective Bargaining Agreement, policies and regulation for details. Contact Employee Benefits for questions regarding vacation accrual. For more information on any of these additional effects, contact Human Resources at 916-568-3112 prior to taking a LOA.
FAMILY MEDICAL LEAVE ACT (FMLA), CALIFORNIA FAMILY RIGHTS ACT (CFRA) & PREGNANCY DISABILITY ACT (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. Absence reports submitted to Employee Benefits indicating 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 to check the FMLA box on the absence report, 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 an absence report with 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.

<table>
<thead>
<tr>
<th>Weeks:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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<tbody>
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<td>6</td>
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<tr>
<td>FMLA</td>
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</table>

**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.

<table>
<thead>
<tr>
<th>Weeks:</th>
<th>1</th>
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<th>5</th>
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<th>7</th>
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<tr>
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<tr>
<td>CFRA</td>
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<tr>
<td>FMLA</td>
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<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
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</tr>
</tbody>
</table>

**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    |   |   |   |   |   |   |   |   |   | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| CFRA   |   |   |   |   |   |   |   |   |   | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| FMLA   |   |   |   |   |   |   |   |   |   | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
Los Rios Community College District
Family Medical Leave
Request Form

NAME: ________________________________ EMLCYEE ID: ________________________________
JOB TITLE: ________________________________ DATE OF HIRE: ________________________________

COLLEGE: □ ARC □ CRC □ FIC □ SCC □ DO

I request leave under the Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) from
____________________________________________________________________

to ___________________________________________________________________

My leave will be (check appropriate box): □ continuous □ intermittent

Reason for Leave:

□ A serious health condition (involves inpatient care in a hospital, hospice, or residential healthcare facility; or continuing treatment or supervision by a healthcare provider) that makes you unable to perform the essential functions of your job.

□ A serious health condition affecting an immediate family member (spouse, domestic partner, son, daughter, or parent—not including parent-in-law), for whom you are needed to provide care.

(Indicate relationship)

□ The birth and care of a newborn: expected date of birth: ______________

□ The placement of child for adoption or foster care: expected date of placement: ______________

*Note: For birth of a child or adoption, you have 31 days from the date of event to add the child to your medical and dental insurance.

I understand FMLA/CFRA is an UNPAID leave unless I have any accrued sick leave, vacation, or other paid leaves available. I further understand that my paid leaves will be used in conjunction with FMLA/CFRA leave so that I will remain in paid status. At such time as all my applicable accrued paid leaves have been exhausted, I will be on an unpaid leave. __________

Initial

Employees on an unpaid FMLA/CFRA leave of absence will not earn service credit under their respective retirement plan (STRS or PERS). __________

Initial

I will be financially responsible for my share of monthly medical insurance premiums, if any, and will submit payment to Los Rios by the 25th of the month, prior to the month of coverage. __________

Initial

I understand that if I do not return to work following FMLA/CFRA leave for a reason other than: (1) the continuance, recurrence, or onset of a serious health condition which would entitle me to another FMLA/CFRA leave; or (2) other circumstances beyond my control, I may be required to reimburse Los Rios for the employer paid portion of my health insurance. __________

Initial

I understand I will need to follow my college procedures for requesting time off. I will also need to indicate on my monthly absence report any absences to be counted toward FMLA /CFRA leave. __________

Initial

If you have any questions regarding this form or FMLA/CFRA leave, please contact the Employee Benefits Department at (916) 568-3370.

Employee Signature ___________________________ Date ___________________________ 

Supervisor Signature ___________________________ Date ___________________________

Distribution: White—Employee Benefits Yellow—Campus Pink—Employee
# LOS RIOS COMMUNITY COLLEGE DISTRICT
### FAMILY MEDICAL LEAVE
#### CERTIFICATION OF PHYSICIAN OR PRACTITIONER
*(must be completed by physician)*
Return to Employee Benefits Department
916-566-3070

<table>
<thead>
<tr>
<th>1. Employee's Work Location &amp; Department:</th>
<th>2. Employee's Supervisor &amp; Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Name of Employee and Employee ID Number:</th>
<th>4. Patient's Name (if other than employee, include relationship)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

- ☐ (1) Hospital Care
- ☐ (2) Absence Plus Treatment
- ☐ (3) Pregnancy
- ☐ (4) Chronic Condition Requiring Treatment
- ☐ (5) Permanent/Long-term Condition Requiring Treatment
- ☐ (6) Multiple Treatments (Non-Chronic Conditions)

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:

<table>
<thead>
<tr>
<th>7. Date Condition Commenced:</th>
<th>8. Probable Duration of condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>10. Is employee able to perform work of any kind?</th>
<th>☐ No</th>
<th>☐ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If &quot;yes&quot; list the functions the employee is unable to perform:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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.**

<table>
<thead>
<tr>
<th>11. Does the patient require assistance for basic medical or personal needs or safety, or for transportation?</th>
<th>12. If the patient will need care only intermittently, please indicate the probable duration of this need:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Employee:</th>
<th>Work#</th>
<th>Home#</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Type of Practice (field of specialization, if any):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print name of physician or practitioner:</td>
</tr>
<tr>
<td>Office Telephone#:</td>
</tr>
<tr>
<td>Signature of Physician:</td>
</tr>
</tbody>
</table>
**Five Month Law:**

When a classified member **exhausts all sick leaves**, including advance, the employee may be eligible for Five Month Law at 50% pay. 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. Each day of Other Sick Leave shall be compensated at the rate of 50% of the employee’s regular salary.

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% pay. 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 at 50% pay under Five Month Law and 50% pay under vacation leave. If there is no accrued vacation, he or she will receive 50% pay under 5 Month Law and 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 for SEIU and LRCEA members **only** 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.

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>Five Month Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 hours (0 days)</td>
<td>Up to 100 days maximum</td>
</tr>
<tr>
<td><strong>12 days advanced from the upcoming fiscal year</strong></td>
<td><strong>Computed Calculation:</strong></td>
</tr>
<tr>
<td></td>
<td>100 days (Five Month Law) – 12 days (sick leave) =</td>
</tr>
<tr>
<td></td>
<td>88 days available after sick leave is exhausted</td>
</tr>
<tr>
<td><strong>Total Sick Leave Available:</strong></td>
<td><strong>Total Approved Five Month Law Paid Leave:</strong></td>
</tr>
<tr>
<td>12 days</td>
<td>88 days</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>Five Month Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued 24 hours/8 hours = 3 days</td>
<td>Up to 100 days maximum</td>
</tr>
<tr>
<td><strong>3 days + 12 days advanced in the current fiscal year</strong></td>
<td><strong>Computed Calculation:</strong></td>
</tr>
<tr>
<td></td>
<td>100 days (Five Month Law) – 15 days (sick leave) =</td>
</tr>
<tr>
<td></td>
<td>85 days available after sick leave is exhausted</td>
</tr>
<tr>
<td><strong>Total Sick Leave Available:</strong></td>
<td><strong>Total Five Month Law Available:</strong></td>
</tr>
<tr>
<td>15 days</td>
<td>85 days</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>Five Month Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,200 hours/8 hour work day = 150 days</td>
<td>Up to 100 days maximum</td>
</tr>
</tbody>
</table>

**Employee is ineligible 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 Brenda Balsamo, Director, Human Resources. Ms. Balsamo 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. Ms. Balsamo will notify both the employee and the Employee Benefits Department of the duration of the Catastrophic Leave.
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.
APPLICATION FOR CATASTROPHIC ILLNESS OR INJURY LEAVE

Classified and Management Employees

Instructions: Employee or representative is to complete this form and attach the Physician’s Statement and the Authorization for Release of Medical Information form. All forms are to be returned to the Director, Human Resources at the District Office.

Employee Name _____________________________Job Title___________________________

Work Location ___ARC ___CRC ____ FLC___ SCC___ DO/FM

Unit       □ LRCEA  □ SEIU  □ LRSA  □ MGMT/CONF

Employee ID #_____________Work Phone____________ Home Phone___________________

I wish to apply for the Catastrophic Illness or Injury Leave Program. I understand that I may apply for up to ninety (90) calendar days of leave commencing the first day that I am in less than full pay status. I understand that I must exhaust all my eligible leave balances before being eligible for the Catastrophic Illness or Injury Leave Program.

☐ Leave for Personal Illness or Injury:
Describe the nature of the injury/illness & the expected length of time you will be incapacitated from work.

A Physician’s Statement verifying your incapacitation must be attached to the application.

☐ Leave for Immediate Family Member Illness or Injury:
Immediate family member is defined in your bargaining unit contract covering the Catastrophic Illness or Injury Leave Program (CIILP) or in Board Policy/Administrative Regulations covering the CIILP.

Name of Family Member __________________________Relationship_______________

Describe the nature of Illness or Injury of Immediate Family Member and the expected length of time of incapacitation.

A Physician’s Statement verifying the incapacitation of your immediate family member must be attached to this application.

I hereby verify that I am required to care for this immediate family member for a period of time extending beyond my available leaves.

___________________________
Employee Signature

I hereby request approval for the Catastrophic Illness or Injury Leave Program. I have attached a physician’s statement verifying my illness/injury or that of an immediate family member. I have also attached the Catastrophic Illness or Injury Leave Medical Certification form.

Employee Name (please print)____________________________________________________

Employee Signature_______________________________Date__________________________

Committee Use Only:

Leave           Approved for                   days    Denied

Signature – HR Director  Date
## Instructions:
- Complete Employee Information.
- Submit to medical provider for certification.
- Attach original to Application for Catastrophic Illness or Injury Leave Form.
- Please print using blue or black ink pen.

### Employee Information

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee ID Number:</th>
<th>Employee Home Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Address:</th>
<th>Employee City &amp; Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee College Name and Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Request for self

I hereby authorize the attending physician to furnish certification of the medical illness or injury and provide the necessary information to my employer for the purpose of verifying my need to participate in the Catastrophic Illness or Injury Leave Program.

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Request for incapacitated member of family

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby authorize the physician to furnish certification of the medical illness/injury and provide necessary information to Los Rios for the purpose of verifying the need of employee named above to participate in the Catastrophic Illness or Injury Leave Program.

<table>
<thead>
<tr>
<th>Family Member Signature (or parent/guardian if family member under 18)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physician’s Statement

Please complete the following information for the above employee or family member. The employee is not eligible able to participate in the Catastrophic Illness or Injury Leave Program until this form is completed and returned. (Note: Specific and detailed confidential patient information is not required.)

<table>
<thead>
<tr>
<th>Nature of injury/illness:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated duration of illness/injury:</th>
<th>Projected return to work date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the above statements truly describe the patient’s illness or injury and the estimated duration thereof.

<table>
<thead>
<tr>
<th>Physician’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print or Type Physician’s Name:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LOS RIOS COMMUNITY COLLEGE DISTRICT

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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 Hartford. This benefit is administered by the District. Working with the third-party administrator (Hartford) the District will assist in coordination of the benefit. Hartford 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 he/she 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 his or her position, the employee shall be reemployed in the first vacancy in the classification of his or her 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 his or her previous assignment will be determined by the date the position vacancy is authorized to be filled by District Fiscal Services. His or her reemployment will take preference over all other applicants except those laid off for lack of work or lack of funds, in which case he or she shall be ranked according to his or her proper seniority. If the employee refuses an offer of reemployment, he or she 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

Step 1: Employee Begins Paid Leave

Step 2: Sick Leave

Step 3: Five Month Law

Step 4: Vacation Leave

Step 5: Catastrophic Leave

Step 6: Long Term Disability
**VACATION:**

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

Absence reports with vacation submitted for less than one hour will be changed to a full hour.

**PERSONAL NECESSITY:**

The general nature of the absence must be indicated on the absence report. 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 absence report 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.

**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 on the absence report. If the employee took one and a half hours, then it is acceptable to report one and a half hours. Absence reports with personal business submitted for less than one hour will be changed to a full 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.
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 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.

<table>
<thead>
<tr>
<th>LEAVE REASON</th>
<th>PRN</th>
<th>PRB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious observances of the employee's faith</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Death or serious illness of immediate family</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Accident, involving your property, or the person or property of your immediate family.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>To supplement critical illness leave</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Supplement judicial appearance leave</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Supplement bereavement leave</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Medical &amp; dental appts. of your dependents that cannot be reasonably scheduled at times other than working hours</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Financial or legal appointments.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Inability to get to one's assigned place of duty because of transportation failure (mechanical) or prohibitive weather</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Parent/teacher conferences for child</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Emergency childcare issues</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emergency vet appts</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Child’s graduation</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**JURY DUTY:**

For absences related to jury duty, documentation supporting the days the employee served must be attached to the absence report. If the documentation is missing 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 work day 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 attached to the absence report. If the documentation is missing Employee Benefits will contact the appropriate contact person at the college. If the documentation is missing 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 work day 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 attached to the absence report. If the documentation is missing Employee Benefits will change the absence(s) to vacation or loss of pay depending on the employees leave balances.

An exception to the documentation requirement may be made if the illness is followed be 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 on the absence report.

**BEREAVEMENT:**

Eligible employees reporting bereavement leave must indicate on the absence report 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 attached to the absence report. If the documentation is missing Employee Benefits will change the absence(s) to vacation or loss of pay depending on the employees leave balances.

**WORKER’S COMPENSATION:**

Absences related to worker’s compensation, must have the date of the injury indicated on the absence report.

**ADMINISTRATIVE LEAVE:**

Please indicate on the absence report if the leave is paid or unpaid.

**REVISED/ADDITIONAL ABSENCE REPORT:**

If there was an error in reporting an employee’s absence, the error can be corrected by a “revised” or “additional” absence report.

- If there are only hours missing from the absence report, then complete a second absence report with only the missing time. At the top of the absence report write “ADDITIONAL”, so it is apparent that the employee should have more than one absence report for the month.

- If there was too many hours reported or the time was reported under the wrong type of leave, complete a new absence report with all the time the employee missed for the month. This absence report should be labeled “REVISED”, so that the Employee Benefits Department will know that one absence report was already submitted for that month and needs to be reversed. If the absence report is not labeled correctly it could result in the employee being charged twice for the same absences.

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.
## LOS RIOS COMMUNITY COLLEGE DISTRICT
### EMPLOYEE BENEFITS DEPARTMENT
#### POINTS OF CONTACT

<table>
<thead>
<tr>
<th>Name</th>
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<td><strong>Website</strong></td>
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<td><a href="http://losrios.edu/business/benefits.php">http://losrios.edu/business/benefits.php</a></td>
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