

REQUEST FOR LEAVE OF ABSENCE CHECKLIST

Employee Name: _____ ID#: _____ Date: _____

Department: _____ Supervisor's Name: _____ EXT _____

Please make sure to complete and submit the following forms to your Department (Office Supervisor or designated staff) prior to your leave of absence (LOA).

- _____ Request for Leave of Absence form (fully completed)
- _____ Your Physician needs to complete a Certification of Health Care Provider for California Family Rights Act (CFRA)/Family and Medical Leave (FMLA) form (personal or family medical issue) or Certification of Health Care Provider for Pregnancy Disability Leave (if due to pregnancy).
- _____ Physician's note specifying the duration of your excused absence (if due to serious health condition).
- _____ Submit supporting documentation relevant to the reason for leave, birth certificate for bonding leave, court order/letter from the state confirming the placement for foster/care placement, official military order, police reports, etc.

Also remember that you need to do the following (please initial each paragraph):

- Meet with your department payroll unit or your supervisor to **coordinate the use of your accruals** during your leave or make any necessary arrangement prior to your leave. Please note that the accruals will be distributed throughout the pay period evenly and the holidays will be paid in proportion to the total hours used per day. _____
- Make arrangements with the Human Resources staff assigned to your department for payment of group insurance premiums (medical, dental, vision, flex 125, supplemental life insurance) during your leave of absence. ***Employee will be responsible for paying the employer portion of the benefits in the event of exhausting the FMLA/CFRA/PDL entitlement.*** Please note that you are required to make full payment of medical premiums to keep the medical insurance active. Failure to make payments may result in termination of insurance benefits. _____
- To request a leave extension, provide sufficient notice to your department with a new leave of absence request form that includes a clear reason, the specific new dates, and any required supporting documentation. **This must be submitted prior to the expiration of your initial leave of absence.** _____
- Before your return to work, you will be required to submit a medical clearance note to HR. The note must clearly state the return-to-work date, work restrictions/limitations and the time frame of these without including the medical diagnosis. In the event there are no work restrictions, the note must indicate the exact working "no restrictions". _____
- Please contact your supervisor approximately two weeks before your anticipated return to work date to schedule a return-to-work physical. Any time taken to schedule or attend this appointment, or any change in schedule, will require you to utilize your accruals, and will impact your anniversary date. _____

- In the event you experience a major change in your life, qualifying events include, but not limited to a leave of absence, marriage, divorce, newborn, adoption, Medicare entitlement, and loss of previous coverage. You will be allowed to make a change your health insurance plan outside the standard Open Enrollment Period. **It is your responsibility to provide the Benefits Unit of Human Resources Department with proper documentation (birth certificate, marriage certificate, divorce decree etc. will be required) to make the appropriate changes within 31 calendar days from the qualified event date.** Otherwise, you will have to wait until the next annual open enrollment period. Necessary forms can be found on the Imperial County Human Resources & Risk Management website. _____
- **The granting of any leave of absence beyond fifteen (15) calendar days may cause your anniversary date to be postponed.** Such leaves include but are not limited to FMLA, CFRA, pregnancy disability (PDL), and leave pertaining to an on –the-job injury, regardless of whether you use your accruals (sick, vacation, compensatory time or other type of pay (i.e., donation of time). Employees’ anniversary date will be postponed a number of months equal to the nearest number of months for which the leave is granted. For probationary and promotional probationary employees, the probationary period will be extended by the number of days that the combined total of such leaves of absence taken during probationary period exceeds 15 calendar days, not counting holidays. _____

Please keep in mind the following:

1. After FMLA/CFRA/PDL period ends, employee will be responsible for paying the employer portion in addition to the employee portion of the medical insurance. Please contact HR department to make arrangements. _____
2. During the time of your leave of absence, holidays and retirement contribution will be paid in proportion to the hours used (vacation, sick or compensatory time). You can contact ICERS (Imperial County Employee’s Retirement System) to make payment arrangements. _____
3. If you have voluntary products such as AFLAC, UNUM, Union dues, Deferred Compensation; Loans at work; etc., you must make arrangements with these providers directly to arrange payments. _____
4. In the event you have exhausted your accruals and wish to request donation of time, please contact Human Resources to obtain additional information. _____

Should you have any questions, please contact your Human Resources assigned analyst or call the Human Resources and Risk Management Department at (442) 265-1148.

Employee signature: _____ **Date:** _____

Person reviewing checklist with the employee: _____ **Date:** _____