

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 ay 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 _____ Date _____ Approved _____ Date _____
Employee Administrative Officer

*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.

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 payroll 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 those 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 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.