



COUNTY OF FRESNO
Department of Human Resources

Employee Resource Guide

PROTECTED & UNPROTECTED LEAVES

Revised May 19, 2021



Employee Resource Guide

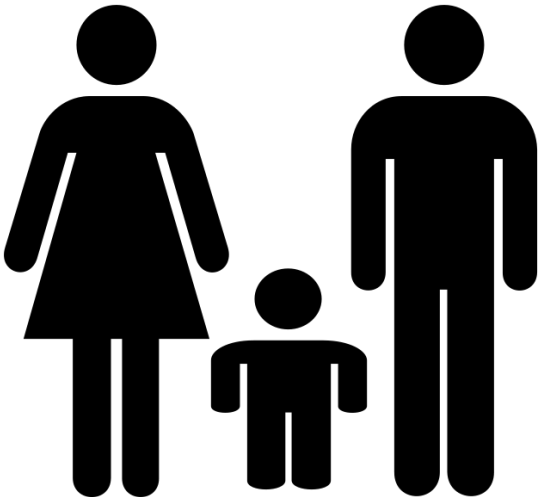
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QUESTIONS?

Please contact your department's Human Resources staff. Each County department determines eligibility for protected leave and processes all paperwork required to request protected and unprotected leaves.

Overview of Protected Leaves



Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA)

Employees may be eligible for up to 12 weeks of protected leave under FMLA and/or CFRA, which includes health benefits protection (maintained on the same basis as coverage would have been provided if the employee was working) within a 12-month period of time. To be eligible for FMLA and/or CFRA, the employee must have at least 12 months cumulative service with the County. Up to 7 years prior County service counts towards this requirement time, and the employee must also have worked at least 1,250 hours within the 12 months immediately preceding the first day of leave. A service member's active duty time can be used towards the required service time. The reason for leave must also meet the definition of a serious health condition as defined by FMLA/CFRA. FMLA/CFRA also provide protected leave for up to 12 weeks for a qualifying exigency for military family, and FMLA provides 26 weeks to care for a covered service member with a serious injury or illness.

The County utilizes the rolling 12-month period to determine FMLA/CFRA eligibility, meaning the County looks back 12 months from the first day of leave to determine how much, if any, FMLA/CFRA time had been used prior to the beginning of the leave request. FMLA runs concurrent (at the same time) with CFRA for reasons that qualify under both acts. Exception: Pregnancy Disability Leave (PDL) runs concurrent with FMLA but not CFRA.

Pregnancy Disability Leave (PDL)

Under PDL, pregnant employees are eligible for up to 4 months of protected leave which includes protected health benefits maintained on the same basis as coverage would have been provided if the employee was working. Employees are eligible for PDL upon their date of hire providing they meet the disability requirements as defined by PDL (a disability due to pregnancy, childbirth, or related condition).



If an employee is not eligible for a protected leave, an unprotected leave request may be submitted consistent with Fresno County Personnel Rule 7 - Leaves.

Employee's Responsibilities

1. Meet with their department's Human Resources staff. Leave must be requested 30 days in advance if the leave is foreseeable. If the leave is not foreseeable, the leave needs to be requested within a reasonable time of learning of the necessity for a leave.
2. Complete the Employee Leave of Absence Request form.
3. Complete the Leave of Absence Acknowledgment form.
4. Submit the County's **Health Care Provider Medical Certification Form** or provide a medical note completed by the health care provider. An incomplete or inconclusive medical note will cause a delay in the approval of a leave request and/or cause health benefits to be terminated.

COUNTY'S HEALTH CARE PROVIDER MEDICAL CERTIFICATION FORM MUST BE COMPLETED AS FOLLOWS:

Employee Section:

On Page 1

1. Employee will complete all fields, date and sign.

Health Care Provider Section: Must be completed in its entirety

On Page 1

1. Provider must check the appropriate box(es).

On Page 2

1. Provider should print patient's name at the top of the page;
2. Provider should answer all questions, as applicable [Q.3 through Q.5]
3. Provider should check the appropriate duration of leave and provide the information for the corresponding designated period (e.g. dates, descriptions, schedules, medical necessity, etc.);
4. Provider must sign and date the form. Include doctor's printed name, specialty, address, and phone number.

Medical Note – Required information:

If an employee provides a medical note in lieu of the County's Health Care Provider Medical Certification Form, the note must meet the following criteria:

- a. Submitted on official medical office letterhead;
- b. Dated;
- c. If leave is due to a disability that is protected under FMLA/CFRA and/or PDL, the note must certify that the patient is unable to perform the functions of his/her job because of a serious health condition (as defined by FMLA/CFRA/PDL). Refer to the County's Health Care Provider Medical Certification Form for definitions of a serious health condition);
- d. Include duration (disability begin date and return date or anticipated return);
- e. Signed by the Physician including office stamp, or provide physician's name, specialty, address and phone number; and
- f. If submitting a request for a leave extension, the note must include that the disability is extended from the date in which the leave expired (no gaps in time), and must continue to include information listed above (a through e).

Failure to provide sufficient information needed to determine eligibility for protected leave may delay and/or cause the request for protected leave to be denied. As a result, health benefits may be terminated.

Employee's Responsibilities - Cont.

5. If the leave of absence is related to the employee's military duty or in support of an employee's qualified relative who is a current service member or veteran, the appropriate certification must be completed. (Contact Employee Benefits for more information.)
6. If applicable and wishing to integrate with State Disability Insurance (SDI) benefits, complete and submit the SDI/PFL Election to Integrate Form.
7. If employees wish to request Annual Leave donations, forms must be submitted timely. (Contact department Human Resources staff for more detailed information.)
8. Any change in disability status (e.g. extending the original period, return to work, etc.) must be submitted timely to the department Human Resources staff for approval and processing. Failure to provide required leave paperwork will result in an absent without approved leave (AWOL) status, and subject to disciplinary action up to and including termination. (Ref. Personnel Rule 10)

It is the **employee's** responsibility to complete these forms timely and submit to their department. Departments will verify that the appropriate forms were provided and complete, then forward to Human Resources – Employee Benefits for processing.

Compensation During Leave

Protected leave(s) run concurrent with paid leave time.

State Disability Insurance or Paid Family Leave

The County and the State of California Employment Development Department (EDD) have agreed to a method of "integrating" accrued sick leave (or its equivalent) and California State Disability Insurance/Paid Family Leave Insurance (SDI/PFL) benefits for those County employees covered by SDI. Employees who wish to integrate must request to do so at the beginning of their leave by completing the Request to Integrate Form.



Annual Leave Time or Sick Leave Time

Employees must utilize their sick leave/annual leave (or its equivalent) during all or a portion of their leave, unless they are collecting disability benefits.



Health Benefits During Leave

Eligible for FMLA/CFRA and/or PDL

Health Benefits are protected for the first 12 weeks of leave for an FMLA/CFRA leave of absence and up to 4 months for PDL. Should employees not pay their portion of the health insurance premium while on a protected leave, they will lose their eligibility through the end of their scheduled protected leave.

The County’s third-party administrator, Administrative Solutions, Inc. (ASI), will bill the employee for the appropriate health insurance premium and all payments must be made directly to ASI. If while on a paid leave the employee’s earnings are insufficient to deduct the entire health insurance premium, the employee will be billed for the premium. Note: If the employee fails to pay the premium while on protected leave, the employee will not be eligible to continue coverage under COBRA until the protected leave period expires. Employees have 30 days from the date of the initial notice to remit payment. Benefits will not be reinstated until payment is received.

After Protected Leave is Exhausted

If the employee continues on an unpaid leave of absence after the 12 weeks of FMLA/CFRA and/or 4 months of PDL have been exhausted, the employee may be eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) health insurance coverage. Under COBRA, the County no longer contributes towards health insurance premiums, including County-paid life insurance benefits. If the employee elects to enroll in COBRA, the employee is responsible to pay the full cost of the health insurance premium (i.e. the employee’s portion plus the County’s contribution). Eligible employees will receive a COBRA Notice in the mail from Navia Benefit Solutions and will have 60 days from the date of the Notice to elect COBRA coverage. If employees do not elect COBRA, they will not have health coverage for the remainder of the unpaid leave. The table below shows an example of leave time that includes protected leave (FMLA), and unpaid unprotected leave time.

<i>Example: 12 weeks FMLA Time with County Portion Paid Health Benefits, and 8 weeks Unpaid & Unprotected Leave - COBRA Health Benefits</i>																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
12 Weeks FMLA - County Contribution Benefits (Employee pays their normal portion of premium)																				Return to Work			
												8 Weeks COBRA - Unprotected Leave with No County Contribution (Employee pays full health insurance cost)											

Health Benefits During Leave - Cont.

Leave of Absence (Unprotected)

While on a paid leave, employees continue to have normal payroll deductions that maintain their health insurance coverage, provided the employee's earnings are sufficient to deduct the entire health insurance premium. If employees are on an unprotected unpaid leave or are on a paid unprotected leave, but their paycheck does not generate enough income for their health insurance premium to be deducted, they will be responsible to pay for the full health insurance premium (County plus employee contribution) to maintain their health insurance coverage. Eligible employees will receive a COBRA Notice in the mail from Navia Benefit Solutions and they have 60 days from the date of Notice to elect COBRA coverage. If the employee elects COBRA, they must send payments to the County's third-party administrator, Navia Benefit Solutions. Note, benefits will not be reinstated until payment has been received. If the employee does not elect COBRA, they will not have health coverage during the remainder of the unpaid leave.

This is a quick reference guide; for more detailed information on protected leaves, to find forms, certifications, etc., refer to the Employee Benefits website.

Additional Information and Contact Information

Verification of FMLA/CFRA/PDL Status

1. The employee's first point of contact is their department's Human Resources office. Each County department determines eligibility for protected leave and processes all paperwork required to request protected and unprotected leaves.
2. Human Resources - Employee Benefits (additional information)

Plaza Building, 2220 Tulare Street, 14th Floor
Fresno, CA 93721
(559) 600-1810

Health Insurance Billing (County's Third-Party Administrator)

Administrative Solutions, Inc. (ASI) - Protected Leave Billing
P.O. BOX 5809
Fresno, CA 93755-5809
(559) 256-1320

Navia Benefits Solutions (COBRA-billing)
(559) 452-3490