



HUMAN RESOURCES – EMPLOYEE BENEFITS

AUTHORIZATION TO RELEASE RETIREMENT INFORMATION

I understand that if I am permanently disabled and wish to request a leave of absence pending the approval of a disability retirement application, I may agree to authorize the Fresno County Employee’s Retirement Association (FCERA) to release information regarding my disability retirement application and cooperation with that process.

I the undersigned hereby authorize the Fresno County Employees’ Retirement Association (FCERA) to release information about me to the County of Fresno, Human Resources, for the purpose of verifying that I am fully cooperating with the disability retirement process, pursuant to Government Code (GC) §31720, 31721, and 31722 and/or County policy.

The retirement information hereby authorized for release shall begin upon execution of this document and continue during my leave of absence and/or until such time that the disability retirement application process has concluded.

The retirement information hereby authorized for release is limited to that which is needed by Human Resources to verify my initial and ongoing application for disability retirement as defined in GC §31720, 31721, and 31722 and/or County policy. This includes the date I applied for disability retirement, my compliance with the FCERA evaluation process, and the final disposition of my application for disability retirement.

Unless I revoke it sooner, this authorization is valid from the date below through and including the date of the final adjudication of my application for disability retirement. I understand that I may revoke this authorization at any time by providing written notice of my desire to do so to FCERA and Human Resources.

I further acknowledge that if I do revoke this authorization, Human Resources may suspend approval for a continued leave of absence if the revocation makes it impossible for Human Resources to confirm my continuing cooperation in the disability application process.

Employee Signature

Date

Employee Name (print)

Employee ID Number

Applicable Use: This form is to be used when the employee is permanently disabled and not eligible for protected leave pursuant to the Family Medical Leave Act (FMLA), California Family Rights Act (CFRA) and/or the County has reasonably accommodated an absence pursuant to the Americans with Disabilities Act (ADA) or California Fair Employment & Housing Act (FEHA) for at least one year or the employee has requested disability retirement based on their permanent disability.

For Office Use Only:	
Release of Retirement Info Signed:	FCERA Verification: