A Guide to Medical Leaves at

Santa Rosa Junior College



Please note: this guide is for employees who will be on leave due to a personal or family extended illness or injury. While we make every attempt to align this packet with current California State and Federal Leave Laws, it is important to remember these laws are ever changing. Information within this packet is subject to change without notice.

November 2026

Medical Leave at Santa Rosa Junior College

If you or a family member is injured (not work related) and you need to be off work for more than two weeks, you will be placed on a Medical Leave from the District. This guide is intended to help you through the process and give you information. We are here to help. We look forward to your recovery and return to work.

Medical verification is required to support the need for an extended Medical Leave. You may request a leave and upload your medical verification (doctor's note or Certification of Healthcare Provider form), through the Human Resources web page, Leave and Accommodation Request menu.

For more information, please read this guide.

Please read the AFA Contract, Article 18 Leaves, for Faculty, Associate Faculty and Educational Administrators.

Please read the SEIU Classified Contract, Article 12 Leaves of Absence, for Classified Professionals, Classified Administrators, Classified Supervisors and Confidential employees.

Please read the Ca Federation of Teachers Agreement, Article 18 Leaves, for Unit B members.

Per SRJC Management Team Handbook: " Educational Administrators shall follow the leave provisions in the AFA/District collective bargaining agreement and Classified Administrators, Classified Supervisors, and Confidential employees shall follow the leave provisions in the SEIU/District Local 1021 collective bargaining agreement."

Medical Leave Laws Defined

The Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) are Federal and State leave laws that allow eligible employees of covered employers to take unpaid, job-protected leave.

FMLA and CFRA help to protect your job while you:

- Take medical leave for yourself
- Care for a family member who is seriously ill
- Birth of or bond with a new child
- Participate in a qualifying event because of a family member's military deployment to a foreign country

Family Medical Leave Act (FMLA)

FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons, with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Qualifier: 12 months of service and 1,250 hours worked in the prior year

Eligible employees are entitled to:

- Up to 12 work weeks of leave in a twelve-month period
- Unpaid leave, accrued time is used to stay in paid status
- Benefits covered by District

California Family Rights Act (CFRA)

CFRA provides eligible employees with unpaid, job-protected leave to care for their own serious health condition or a family member with a serious health condition.

Qualifier: 12 months of service and 1,250 hours worked in the prior year

- Up to 12 work weeks of leave in a twelve-month period
- Unpaid leave, accrued time is used to stay in paid status
- Benefits covered by District

Paid Accrued Leaves Available by Classification

Classified Professionals, Classified Administrators/Supervisors, Confidential Employees:

Sick Leave

- May be used for illness of employee or immediate family (management absences are processed as Personal Necessity/sick leave when taken for immediate family)
- May be advanced through current fiscal year (fiscal year is July to June)
- A new classified unit member shall not be eligible to take more than six days of sick leave until after the completion of six-months of active service (no waiting period for managers)
- Granted at the rate of one day for each month of paid service (pro-rated for less than full-time/twelve-month employees)
- Medical verification required for absence over two weeks

Substitute Difference Pay

- Applied after all available sick leave, CTO/PTO and vacation days (in that order) are exhausted
- The unit member shall receive the difference between their salary and the amount paid to a STNC substitute, for a total of five months
- If a STNC substitute is not provided, the unit member will receive full pay

Catastrophic Leave

- Additional paid leave of absence due to a long-term or life-threatening illness or injury to self, spouse or domestic partner, parent, or dependent child
- Available at the exhaustion of accrued time
- Must be verified by a medical professional
- Allows for use of up to two months of donated sick leave
- Additional thirteen days of Catastrophic Leave/Supplemental Personal Necessity are available upon request

Faculty, Associate Faculty, Educational Administrators:

Sick Leave

- May be used for illness of employee or immediate family
- May be advanced through current fiscal year for full-time faculty and educational administrators or through current semester for associate faculty (fiscal year is July to June)
- Faculty are granted at the rate of one day for each month of paid service (pro-rated for less than full-time employees)
- Associate faculty accrue one hour of sick leave for every 17.5 contact hours

Supplemental Sick Leave

- Applied after all available sick leave is exhausted
- The rate paid to a substitute is deducted from the unit member's salary
- If no substitute is provided, Step 1 of the faculty's corresponding salary class will be deducted from the unit member's salary
- Eligibility period of 100 days, commencing on the eleventh day of absence
- Runs concurrently with sick leave

Catastrophic Leave

- Additional paid leave of absence due to a long-term and life-threatening illness/injury to self or immediate family
- Available at the exhaustion of sick leave
- Must be verified by a medical professional.
- Allows for use of up to 46 days of donated sick leave.

Salary and Benefits during Medical Leave

Classified Professionals Classified Administrators/Supervisors, Confidential Employees:

All available sick leave, vacation and/or CTO/PTO will be utilized towards your absence. Once all available leaves are exhausted, Substitute Difference Pay will automatically be applied to the remainder of your absence, for up to five-months. Under Substitute Difference Pay, the salary paid to a STNC substitute to replace you will be deducted from your salary. If no STNC substitute is hired to replace you, you will remain fully paid while under Difference Pay.

Catastrophic Leave is available when all available leave is exhausted. Catastrophic Leave is a request and is granted based on your doctor's verification of a long-term or life-threatening illness or injury to yourself, spouse or domestic partner, parent, or dependent child.

Catastrophic Leave is a fully paid leave of absence, using donated sick leave from the Classified Catastrophic Leave Bank. The leave may be requested for one month, then may be requested for one additional month. Catastrophic Leave runs concurrently with Difference Pay.

Your district benefit contribution will continue as long as you are in a paid status.

Faculty, Associate Faculty, Educational Administrators:

All available sick leave and variable/exchange hours will be utilized towards your absence. Once your available leave is exhausted, Supplemental Sick Leave will automatically be applied to the remainder of your absence, for up to 100 days. Supplemental Sick Leave begins on the eleventh day of absence and runs concurrently with sick leave. Under Supplemental Sick Leave, the salary paid to a substitute to replace you will be deducted from your salary. If no substitute is provided, step 1 of your salary range will be deducted for any class time missed.

Catastrophic Leave is available when all available leave is exhausted, prior to beginning Supplemental Sick leave. Catastrophic Leave is a request and granted based on your doctor's verification of a long-term and life-threatening illness or injury to yourself, or immediate family.

Catastrophic Leave is a fully paid leave of absence, using donated sick leave from the Faculty Catastrophic Leave Bank. The leave may be requested for 23 days of the contract year, which then may be approved for an additional 23 contract days. Catastrophic Leave runs concurrently with Supplemental Sick Leave.

Faculty may have the option of using Banked Load towards a Medical Leave.

Your district benefit contribution will continue as long as you are in a paid status.

Leave Notice and Instructions

As soon as possible:

- Notify your department of the dates of your extended leave. If needed, they can work to secure a substitute for your absence. Human Resources will contact your department on your behalf, if needed.
- Submit a Leave Request under the Leave and Accommodation Requests link, on the Human Resources web page. You may also upload your medical verification that supports your need for an extended leave, which includes the dates you will be off work.
    - Human Resources will contact you after receiving your request
    - Human Resources will also contact your department with the details of your leave.

While on leave:

- Update Human Resources and your department of any updates/extensions/changes to your leave.
- If needed, submit updated medical verifications to Human Resources.

When you are ready to return to work:

- Submit a medical release (if not already submitted with your prior medical verifications) to Human Resources. This information should include any restrictions you may have and the time in which they will be in effect.
- Notify your department of your intended return to work date.

Contact Linda Jay, Human Resources Specialist, for any questions regarding this process.

Frequently Asked Questions

- I need to have surgery in two weeks. What do I do?
  - ✓ Submit a Leave Request through Human Resources Leave and Accommodation Request page, with your Certification of Health Care Provider (see page 14) or medical verification from your provider, if available.
- How long can I keep working?
  - ✓ You can work as long as your medical provider authorizes. Once your doctor takes you off work you may no longer work on site or at home, due to liability issues for the district.
- When can I return to work?
  - ✓ You may return to work once your medical provider releases you. If not included in the original medical verification, a medical release is required to return to work.
- My doctor said I could return to work, but have limitations on what I can do. Can I still return to work?
  - ✓ Possibly. Once you provide the modified duty information, Human Resources will confirm your department is able to accommodate your restrictions. If they are not able to accommodate, you will remain on leave until you obtain a full release.
- I had some complications and need to be out longer. What do I need to do to extend my leave?
  - ✓ Provide updated medical verification from your provider with the extended dates of your leave.
- How will I remain covered while on leave?
  - ✓ We exhaust your sick leave first. If you are a Classified Professional, we will also utilize any available vacation and/or CTO/PTO towards your leave.
- My accrued time will not cover my leave. How will I remain covered then?
  - ✓ Once sick leave (and vacation, CTO/PTO for Classified Professionals) is exhausted, you may be eligible for Supplemental Sick Leave up to 100 days for Faculty (runs concurrently with sick leave) or Substitute Difference Pay up to 5 months for Classified Professionals/Admins/Supervisors/Confidential employees (at the exhaustion of accrued leave.)
- What happens to my benefits while I am on leave?
  - ✓ Benefit coverage will continue while you are out on a paid leave.
- Do I qualify for State Disability Insurance (SDI)?
  - ✓ SRJC does not pay into SDI. You may qualify from another employer. Please check directly with the Employment Development Department (EDD) for your status.

Frequently Asked Questions

- I have some major complications that will keep me out for an extended time, beyond my accrued leave. Do I have options?
  - ✓ Classified Professionals/Admins/Supervisors and Confidential employees may be eligible for Catastrophic Leave for a long-term or life-threatening injury/illness, for up to two-months of donated sick leave.
    - An additional thirteen days of Supplemental Personal Necessity/Catastrophic leave, may be requested to be applied toward your leave.
  - ✓ Faculty and Educational Administrators may be eligible for Catastrophic Leave for a long-term and life-threatening injury/illness, for up to 46 days of donated sick leave
  - ✓ Catastrophic Leave is verified by your medical provider
- My spouse was in a major car accident and needs my help. What are my options and how will my leave be covered?
  - ✓ FMLA and CFRA allow you to take time to care for family members. We will use your accrued time to keep you in a paid status. If accrued leave is not available, Catastrophic Leave may be used for immediate family (AFA) or spouse/domestic partners, parents, or dependent child (SEIU).
- Do holidays or non-work days count against my time off?
  - ✓ No. We do not charge your leave for non-work days, semester breaks or holidays. For purposes of FMLA and CFRA, if an employee takes a week of leave under FMLA or CFRA and a holiday occurs during the week, the holiday counts towards FMLA/CFRA usage.
- Do I still accrue sick leave and vacation while on leave?
  - ✓ Yes, your sick leave and vacation (if applicable) accruals will continue while you are in a paid status.
- Whom can I talk to about my salary while I am on leave?
  - ✓ Terri McBride, Payroll Specialist: Classified Professionals, Management Team Members, Contract Faculty
  - ✓ Cody Smith, Payroll Specialist: Associate Faculty
  - ✓ Katie Jimenez-Tuscano, Manager, Payroll or Tamara McFarland, Payroll Analyst: All employees
- I am still confused, who can answer my other questions?
  - ✓ Linda Jay, HR Specialist

Long-Term/Short-Term Disability

Santa Rosa Junior College does not pay into State Disability (SDI) through the Employment Development Department (EDD). We carry long-term/short-term disability plans through SunLife Financial.

We will send information to apply for LTD/STD. If you apply and are approved, you may receive additional benefits to support your leave.

Long-Term Disability is available for

- All full-time (scheduled to work at least 20 hours per week) Classified Professionals
- Faculty with less than five years in the STRS Retirement System
- Management Team members in PERS Retirement System or with less than five years of vested service in the STRS Retirement System

Short-Term Disability is available for

- All full-time (scheduled to work at least 20 hours per week) Classified, Faculty, or Management Team Members with 5 or more years of vested service in the STRS Retirement system.



The Fair Employment and Housing Act (FEHA), enforced by the Department of Fair Employment and Housing (DFEH), contains family care and medical leave provisions for California employees.

These leave provisions are known as the California Family Rights Act (CFRA). All employers must provide information about CFRA to their employees and post this information in a conspicuous place where employees tend to gather. A poster that meets this requirement is available on DFEH's "Posters, Brochures and Fact Sheets" webpage (www.dfeh.ca.gov/posters/).

LEAVE REQUIREMENTS

- To be eligible for CFRA leave, an employee must have more than 12 months of service at an employer of five or more full- or part-time employees, and have worked at least 1,250 hours for that employer in the 12-month period before the leave begins.
- An eligible employee may take job-protected leave to bond with a new child[1] by birth, adoption, or foster care placement, within one year of the child's birth, adoption, or foster placement.
- An eligible employee may take job-protected leave to care for a child, spouse, domestic partner, parent[2], grandparent, grandchild, or sibling with a serious health condition. CFRA leave may also be taken for the employee's own serious health condition.
- An eligible employee may take job-protected leave for a qualifying exigency related to the covered active duty or call to covered active duty of a spouse, domestic partner, child, or parent in the Armed Forces of the United States.
- Employees may take leave of up to 12 work weeks in a 12-month period, proportional to an employee's normal work schedule. The leave does not need to be taken in one continuous period of time.

EMPLOYEE'S OBLIGATIONS

- An employer may require an employee to provide 30 days' advance notice of the need for CFRA leave. When this is not possible due to the unexpected nature of the qualifying event, notice should be given as soon as practicable. Notice can be written or verbal and should include the timing and the anticipated duration of the leave, but an employer may not require disclosure of an underlying diagnosis. An employer must respond to a leave request as soon as possible and no later than 5 business days.
- The employer may require written certification from the health-care provider of the individual with a serious health condition stating the reasons for the leave and the probable duration of the condition. However, the health-care provider may not disclose the underlying diagnosis without the consent of the patient.

SALARY AND BENEFITS DURING CFRA LEAVE

- Employers are not required to pay employees during a CFRA leave, but some employers do. In addition, an employee will be paid for any accrued paid time off they elect or are required to use. An employer may require an employee who is taking leave to care for a seriously ill family member or to bond with a new child to use accrued vacation time or other accumulated paid leave other than sick time, unless the employee

1 "Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of an employee or the employee's domestic partner, or a person to whom the employee stands in loco parentis.

2 "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.



is receiving Paid Family Leave (see below). If the CFRA leave is for the employee's own serious health condition, an employer may require use of accrued vacation and sick time, unless the employee is receiving State Disability Insurance.

- If the employer provides health benefits under a group plan, the employer must continue to make these benefits available during the leave. Similarly, the employee is entitled to continue accruing seniority and participate in other benefit plans.

RETURN RIGHTS

- After CFRA leave, employees are guaranteed a return to the same or comparable position and can request the guarantee in writing.
- If the same position is no longer available, the employer must offer a position that is comparable in terms of pay, benefits, shift, schedule, geographic location, and working conditions, including privileges, perquisites, and status, unless the employer can prove that no comparable position exists.
- An employee is not entitled to reinstatement if the employee would have been otherwise laid off or terminated for reasons unrelated to their leave.

PREGNANCY DISABILITY LEAVE

- In addition to CFRA leave, employers of five or more employees must provide job-protected leave or accommodations to employees disabled by pregnancy, childbirth, or a related medical condition. Pregnancy disability leave (PDL) is available while an employee is actually disabled, up to a total of four months. This includes time off needed for prenatal or postnatal care, severe morning sickness, doctor-ordered bed rest, childbirth, recovery from childbirth, loss or end of pregnancy, or any other related medical condition. For more information, visit: www.dfeh.ca.gov/family-medical-pregnancy-leave/.
- Employees are entitled to take PDL in addition to any leave entitlement under CFRA.

STATE DISABILITY INSURANCE (SDI) OR PAID FAMILY LEAVE (PFL)

- Employees who are eligible for SDI may receive partial wage replacement for a non-work-related illness, injury, or pregnancy.
- PFL provides benefits to individuals who need to take time off work to care for a family member, to bond with a new child (by birth, adoption, or foster care placement), or for military exigencies. PFL cannot be taken at the same time as SDI.
- SDI and PFL are administered by the Employment Development Department (EDD), not DFEH. For more information, contact EDD at 800.480.3287 or visit: www.edd.ca.gov/Disability/Paid_Family_Leave.htm or www.edd.ca.gov/Disability/About_DI.htm.

If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied leave or reinstatement under CFRA or PDL, file a complaint with DFEH.

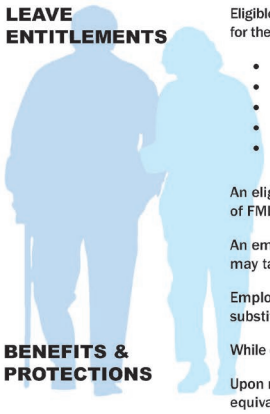
TO FILE A COMPLAINT

Department of Fair Employment and Housing
dfeh.ca.gov
Toll Free: 800.884.1684
TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, DFEH can assist you with your complaint. Contact us through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).

EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION



LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

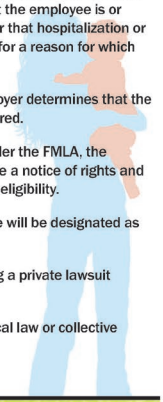
*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.



EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

WAGE AND HOUR DIVISION

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WH1420 REV 04/16

November 2026

CERTIFICATION OF HEALTH CARE PROVIDER

***for California Family Rights Act (CFRA) or Family and Medical Leave Act* (FMLA)**

IMPORTANT NOTE: The California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other covered entities from requesting, or requiring, genetic information of an individual or family member of the individual except as specifically allowed by law. *To comply with CalGINA, we are asking that you not provide any genetic information when responding to this request for medical information.* "Genetic Information," as defined by CalGINA, includes information about the individual's or the individual's family member's genetic tests, information regarding the manifestation of a disease or disorder in a family member of the individual, and includes information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. "Genetic Information" does not include information about an individual's sex or age.

1. Employee Name: _____

2. Patient's Name (if other than employee): _____

   Is patient the employee's family member (i.e., child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, domestic partner, or designated person)?

   Note: "child" includes a biological, adopted, foster child, a stepchild, a legal ward, a child of the employee's domestic partner, and a person to whom the employee stands in loco parentis. "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child. A biological or legal relationship is not necessary for a person to have stood in loco parentis to the employee as a child. "Designated person" means any individual related by blood or whose association with the employee is the equivalent of a family relationship. ◯ Yes ◯ No

3. Date medical condition or need for treatment commenced [NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT CONSENT OF THE PATIENT]:

   _____

4. Probable duration of medical condition or need for treatment: _____

5. Below is a description of what constitutes a "serious health condition" under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient's condition qualify as a serious health condition? ◯ Yes ◯ No

6. If the certification is for the serious health condition of the employee, please answer the following:

   Is the employee able to perform work of any kind? (If "No," skip next question) ◯ Yes ◯ No

   Is employee unable to perform any one or more of the essential functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.) ◯ Yes ◯ No

7. If the certification is for the care of the employee's family member, please answer the following:

   Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety, or transportation? ◯ Yes ◯ No

   After review of the employee's signed statement (see item 10 below), does the condition warrant the participation of the employee? (This participation may include psychological comfort and/or arranging for third-party care for the family member.) ◯ Yes ◯ No

8. Estimate the period of time care is needed or during which the employee's presence would be beneficial:

_____

9. Please answer the following questions only if the employee is asking for intermittent leave or a reduced work schedule:

Intermittent Leave: Is it medically necessary for the employee to be off work on an intermittent basis due to the serious health condition of the employee or family member? ◯ Yes ◯ No

If yes, please indicate the estimated frequency of the employee's need for intermittent leave due to the serious health condition, and the duration of such leaves (e.g. 1 episode every 3 months lasting 1-2 days):

Frequency: ____ times per ____week(s) ____month(s) *Duration*: ____hours or ____day(s) per episode

Reduced Schedule Leave: Is it medically necessary for the employee to work less than the employee's normal work schedule due to the serious health condition of the employee or family member? ◯ Yes ◯ No

If yes, please indicate the part-time or reduced work schedule the employee needs:

Frequency: ____hour(s) per day; ____days per week, from _____ through _____.

Time Off for Medical Appointments or Treatment: Is it medically necessary for the employee to take time off work for doctor's visits or medical treatment, either by the health care practitioner or another provider of health services? ◯ Yes ◯ No

If yes, please indicate the estimated frequency of the employee's need for leave for doctor's visits or medical treatment, and the time required for each appointment, including any recovery period:

Frequency: ____ times per ____ week(s) ____ month(s) *Duration*: ____ hours or ____ day(s) per apt./treatment

ITEM 10 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.
****TO BE PROVIDED TO THE HEALTH CARE PROVIDER UNDER SEPARATE COVER.

10. When family care leave is needed to care for a seriously-ill family member, the employee shall state the care the employee 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 on a reduced work schedule:

_____

_____

_____

Printed Name of Health Care Provider: _____

_____

SIGNATURE OF HEALTH CARE PROVIDER DATE

_____

SIGNATURE OF EMPLOYEE **DATE**

SERIOUS HEALTH CONDITION

"Serious health condition" means an illness, injury (including, but not limited to, on-the-job injuries), impairment, or physical or mental condition of the employee or a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, domestic partner, or designated person of the employee that involves either inpatient care or continuing treatment, including, but not limited to, treatment for substance abuse. A serious health condition may involve one or more of the following:

HOSPITAL CARE

Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. A person is considered an "inpatient" when a heath care facility formally admits the person to the facility with the expectation that the person will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.

ABSENCE PLUS TREATMENT

(a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

1. Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
2. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

PREGNANCY

[NOTE: An employee's own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA]

Any period of incapacity due to pregnancy or for prenatal care.

CHRONIC CONDITIONS REQUIRING TREATMENT

A chronic condition, which:

1. Requires periodic visits for treatment by a health care provider, or by a nurse of physician's assistant under direct supervision of a health care provider;
2. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
3. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

PERMANENT/LONG-TERM CONDITIONS REQUIRING SUPERVISION

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

MULTIPLE TREATMENTS (NON-CHRONIC CONDITIONS)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).

Employer-paid Long-Term Disability insurance

Benefit Highlights

For all eligible employees of Sonoma County Junior College District, Policy #227016

All full-time (scheduled to work at least 20 hours per week) Classified, Faculty, or Management Team Members in the PERS Retirement System, or with less than 5 years of vested service in the STRS Retirement System.

Long-Term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if a covered disability like a back injury or chronic illness takes you away from work for an extended time.

Coverage is provided by your employer—at no cost to you!

Benefits	
Monthly benefit (after your claim is approved)	Get a monthly check that replaces 66.67% of your Total Monthly Earnings, up to $6,500.
When benefits begin	Benefits begin as soon as 60 days
Benefits may be paid for	Until you reach the Social Security Normal Retirement Age—as long as you are still unable to work due to a covered disability .

Income from other sources could reduce your benefit amount.

Additional plan features

- You're covered for injury or sickness 24 hours a day, seven days a week, on or off the job.

How Sun Life's Long-Term Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision, and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for long-term disability insurance through work. After his claim was approved, he started receiving monthly benefits after he satisfied the waiting period (elimination period) and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. As part of his transition plan, Mark worked part-time until he was able to work full-time. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Having long-term disability insurance allowed Mark to focus on returning to work and not on his finances.

Long-term disability Q&A

What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim for long-term disability insurance benefits. You will have to wait a certain number of days (see "when benefits begin"), for your benefits to kick in after you are no longer able to work due to a covered disability.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability.

What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular long-term disability benefit while working and still be considered disabled.

What if I have a pre-existing condition?

For a period of time following the effective date of your insurance, we may not pay a benefit for a pre-existing condition for which you previously sought medical treatment, consultation, advice, care or services, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicine. Read the exclusions and limitations for more information.

How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your critical condition. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Important Plan Provisions

Limitations and exclusions*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-Existing Condition, except:
  - if your Disability begins later than 12 months after your effective date or later than 12 months after the effective date of any increase in your amount of insurance;
  - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
    - sought medical treatment, consultation, advice, care, or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
    - took prescribed drugs or medicines for the condition.

- your active Participation in a Riot, Rebellion, or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

* The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

Safeguard your finances so you can focus on your health during a long-term disability.

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This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

The group insurance policies described in this advertisement provide disability income insurance only. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 12-GPPort-P-01, 12-STDPort-C-01, 16-DI-C-01, TDBPOLICY-2006, and TDI-POLICY. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LH-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 12-GPPort-01, and 12-STDPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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GVLTDBH-EE-6439 SLPC 28406 07/17 (exp. 07/19)

Employer-paid Short-Term Disability insurance[1]

Sun Life Financial®

Benefit Highlights

For all eligible employees of Sonoma County Junior College District, Policy #227016

All full-time (scheduled to work at least 20 hours per week) Classified, Faculty, or Management Team Members with 5 or more years of vested service in the STRS Retirement System

Short-term disability insurance provides you with a weekly cash benefit to help you pay your bills – mortgage, rent, utilities, childcare, groceries—and keep your life as routine as possible if you are unable to work due to a covered disability (e.g., back injuries, recovery from surgery, or even maternity leave).

Coverage is provided by your employer—at no cost to you!

Benefits	
Weekly benefit (after your claim is approved)	Get a weekly check that replaces 66.67% of your Total Weekly Earnings, up to $1,650.
When benefits begin	Benefits begin as soon as 60 days from the date you are unable to work due to an injury and 60 days due to an illness.
Benefits may be paid for	Up to 52 weeks—as long as you are still unable to work due to a covered disability.

Income from other sources could reduce your benefit amount.

Additional plan features

- This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

How Sun Life's Short-Term Disability insurance can help

John was in his early-30s when he started experiencing a sharp pain in his knee—which left him unable to work for a month in order to have surgery and recover.

Fortunately, John took advantage of the opportunity to sign up for Short-Term Disability insurance through work. When he found out he would need surgery, he initiated a claim. Once his paperwork was completed and processed, his claim was approved. He started receiving a weekly benefit after he satisfied the elimination period defined by his policy. John used the benefit to help:

- replace a portion of his income while he was unable to work,
- pay for everyday expenses (e.g., rent or groceries), and
- cover other out-of-pocket medical costs (e.g., co-pays or prescriptions).

Having short-term disability insurance allowed John to focus on his recovery and not his finances.

Short-term disability[1] Q&A

What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim for short-term disability insurance benefits. You will have to wait a certain number of days (see "when benefits begin") for your benefits to begin.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability.

What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular Short-Term Disability benefit while working and still be considered disabled.

How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your condition. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Important plan provisions

Limitations and exclusions*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- your active Participation in a Riot, Rebellion, or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- an Accident or Sickness for which you are entitled to benefits under any Workers' Compensation, Occupational Disease, or similar law; or
- an Accident or Sickness sustained while you are doing any act or thing pertaining to any occupation or employment for wage or profit.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us.

* The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

Make sure your paycheck is protected during a short-term disability and absence from work.

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1. In Vermont, the product name is Short-Term Income Replacement insurance when the Maximum Benefit Duration elected is less than 26 weeks.

This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

The group insurance policies described in this advertisement provide disability income insurance only. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

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GVSTDBH-EE-6438 SLPC 28407 07/17 (exp. 07/19)