



# SANTA ROSA JUNIOR COLLEGE

## Una guía de licencias médicas en Santa Rosa Junior College



Tenga en cuenta: esta guía es para empleados que estarán de licencia debido a una enfermedad o lesión personal o familiar prolongada. Mientras nosotros hacemos todo lo posible para alinear este paquete con las leyes actuales de licencia estatal y federal de California, es importante recordar que estas leyes cambian constantemente. La información contenida en este paquete está sujeta a cambios sin previo aviso.



## Licencia Médica en Santa Rosa Junior College

Si usted o un miembro de su familia se lesiona (no relacionado con el trabajo) y necesita ausentarse del trabajo durante más de dos semanas, el Distrito le otorgará una licencia médica. Esta guía está destinada a ayudarlo a través del proceso y darle información. Estamos aquí para ayudar. Esperamos que se recupere y regrese al trabajo.

Se requiere verificación médica para respaldar la necesidad de una licencia médica extendida. Esta información puede enviarse a [HREmployeeHealth@santarosa.edu](mailto:HREmployeeHealth@santarosa.edu) o puede enviar su verificación médica por fax al 707-527-4311.

Para obtener más información, lea esta guía.

Por favor, lea el Contrato de la [AFA](#), Artículo 18 Licencias, para Profesores, Profesores Asociados y Administradores Educativos.

Por favor, lea el [Contrato Clasificado de SEIU](#), Artículo 12 Permisos de Ausencia, para Profesionales Clasificados, Administradores Clasificados, Supervisores Clasificados y empleados Confidenciales.

*Según el [Manual del Equipo de Gestión de SRJC](#): "Los administradores educativos deberán seguir las disposiciones de licencia en el acuerdo de negociación colectiva de AFA/Distrito y los Administradores Clasificados, Supervisores Clasificados y empleados confidenciales deberán seguir las disposiciones de licencia en el acuerdo de negociación colectiva SEIU/Distrito Local 1021".*

## **Definición de las Leyes de Licencia Médica**

La Ley de Licencia Médica Familiar (FMLA, por sus siglas en inglés) y la Ley de Derechos de la Familia de California (CFRA, por sus siglas en inglés) son leyes federales y estatales de licencia que permiten a los empleados elegibles de empleadores cubiertos tomar una licencia sin goce de sueldo y con protección laboral.

La FMLA y la CFRA ayudan a proteger su trabajo mientras usted:

- Tome una licencia médica para usted
- Cuidar a un miembro de la familia que está gravemente enfermo
- Establecer un vínculo con un nuevo hijo
- Participar en un evento clasificatorio debido al despliegue militar de un miembro de la familia en un país extranjero

### **Ley de Licencia Médica Familiar (FMLA)**

La FMLA da derecho a los empleados elegibles de empleadores cubiertos a tomar una licencia sin goce de sueldo y con protección del empleo por razones familiares y médicas específicas con la continuación de la cobertura de seguro de salud grupal bajo los mismos términos y condiciones que si el empleado no hubiera tomado la licencia.

Calificador: 12 meses de servicio y 1,250 horas trabajadas en el año anterior

Los empleados elegibles tienen derecho a:

- Hasta 12 semanas laborales de permiso en un período de doce meses
- Licencia sin goce de sueldo, el tiempo acumulado se utiliza para permanecer en el estado remunerado
- Beneficios cubiertos por Distrito

### **Ley de Derechos de la Familia de California (CFRA, por sus siglas en inglés)**

CFRA proporciona a los empleados elegibles una licencia sin goce de sueldo y con protección laboral para cuidar de su propia condición de salud grave o de un miembro de la familia con una condición de salud grave.

Calificador: 12 meses de servicio y 1,250 horas trabajadas en el año anterior

- Hasta 12 semanas laborales de permiso en un período de doce meses
- Licencia sin goce de sueldo, el tiempo acumulado se utiliza para permanecer en el estado remunerado
- Beneficios cubiertos por Distrito

## Tipos de Licencia en Santa Rosa Junior College

### Profesionales Clasificados, Administradores/Supervisores Clasificados, Empleados Confidenciales:

#### Licencia por enfermedad

- Se puede usar para enfermedades del empleado o familiares inmediatos (los administradores / supervisores se procesan como necesidad personal / licencia por enfermedad cuando se toman para familiares inmediatos)
- Se puede adelantar hasta el año fiscal en curso (el año fiscal es de julio a junio)
- Un nuevo miembro de la unidad clasificada no será elegible para tomar más de seis días de licencia por enfermedad hasta después de completar seis meses de servicio activo (sin período de espera para los gerentes)
- Se concede a razón de un día por cada mes de servicio pagado (prorrateado para empleados de menos de tiempo completo/doce meses)
- Se requiere verificación médica para ausencias de más de dos semanas

#### Pago por diferencia sustitutiva

- Se aplica después de que se hayan agotado todos los días de licencia por enfermedad, CTO/PTO y vacaciones disponibles (en ese orden)
- El miembro de la unidad percibirá la diferencia entre su sueldo y la cantidad pagada a un suplente, por un total de cinco meses
- Si no se proporciona un sustituto, el miembro de la unidad recibirá el pago completo

#### Licencia catastrófica

- Licencia pagada adicional debido a una enfermedad a largo plazo que ponga en peligro la vida o una lesión personal, cónyuge o pareja de hecho, padre o hijo dependiente
- Disponible al agotar el tiempo devengado
- Debe ser verificado por un profesional médico
- Permite el uso de hasta dos meses de licencia por enfermedad donada
- Trece días adicionales de Licencia Suplementaria por Necesidad Personal/Catastrófica están disponibles a pedido

### Profesorado, Profesorado Asociado, Administradores Educativos:

#### Licencia por enfermedad

- Puede usarse para enfermedades del empleado o familiares inmediatos
- Puede avanzarse hasta el año fiscal actual para los profesores de tiempo completo y los administradores educativos, o hasta el semestre actual para los profesores asociados (el año fiscal es de julio a junio)
- A los profesores se les concede una tasa de un día por cada mes de servicio remunerado (prorrateado para menos de los empleados a tiempo completo)
- Los profesores asociados acumulan una hora de licencia por enfermedad por cada 17.5 horas de contacto

#### Licencia por enfermedad suplementaria

- Se aplica después de que se hayan agotado todas las licencias por enfermedad disponibles
- La tarifa pagada a un suplente se deduce del salario del miembro de la unidad
- Si no se proporciona un sustituto, el Paso 1 de la clase salarial correspondiente de la facultad se deducirá del salario del miembro de la unidad
- Período de elegibilidad de 100 días, a partir del undécimo día de ausencia
- Se ejecuta simultáneamente con la licencia por enfermedad

#### Licencia catastrófica

- Licencia pagada adicional debido a una enfermedad/lesión a largo plazo y potencialmente mortal para usted o su familia inmediata
- Disponible en caso de agotamiento de la baja laboral
- Debe ser verificado por un profesional médico.
- Permite el uso de hasta 46 días de licencia por enfermedad donada.

## **Salario y Beneficios durante la Licencia Médica**

### **Profesionales clasificados Administradores/supervisores clasificados, empleados confidenciales:**

Utilizaremos todas las licencias por enfermedad, vacaciones y/o CTO/PTO disponibles para su ausencia. Una vez que se agoten todas las licencias disponibles, el Pago Diferencial Sustituto se aplicará automáticamente al resto de su ausencia, por hasta cinco meses. Bajo el Pago por Diferencia de Sustituto, el salario pagado a un sustituto para reemplazarlo se deducirá de su salario. Si no se contrata a un sustituto para reemplazarlo, se le pagará en su totalidad mientras esté bajo el Pago por diferencia.

La licencia catastrófica está disponible cuando se agotan todas las licencias disponibles. La Licencia Catastrófica es una solicitud y se otorga en función de la verificación de su médico de una enfermedad o lesión a largo plazo o potencialmente mortal para usted, cónyuge o pareja de hecho, padre o hijo dependiente.

La Licencia Catastrófica es una licencia de ausencia totalmente pagada, utilizando licencia por enfermedad donada del Banco de Licencia Catastrófica Clasificada. La licencia se puede solicitar por un mes, luego se puede solicitar por un mes adicional. La Licencia Catastrófica se ejecuta al mismo tiempo que el Pago por Diferencia.

Su contribución a los beneficios del Distrito continuará mientras usted esté en un estado pagado.

### **Profesorado, Profesorado Asociado, Administradores Educativos:**

Utilizaremos todas las licencias por enfermedad disponibles y las horas variables / de intercambio para su ausencia. Una vez que se agote su licencia disponible, aplicaremos automáticamente la Licencia por enfermedad suplementaria al resto de su ausencia, por hasta 100 días. Bajo la Licencia por Enfermedad Suplementaria, deduciremos de su salario el salario pagado a un sustituto para reemplazarlo. Si no se proporciona un sustituto, deduciremos el Paso 1 de su rango salarial por cualquier tiempo de clase perdido.

La Licencia Catastrófica está disponible cuando se agotan todas las licencias disponibles, antes de comenzar la Licencia por Enfermedad Suplementaria. La Licencia Catastrófica es una solicitud y se otorga en base a la verificación de su médico de una enfermedad o lesión a largo plazo y potencialmente mortal para usted o su familia inmediata.

La Licencia Catastrófica es una licencia de ausencia totalmente pagada, utilizando licencia por enfermedad donada por el Banco de Licencia Catastrófica de la Facultad. La licencia puede solicitarse por 23 días del año del contrato, que luego puede ser aprobada por 23 días adicionales del contrato. La Licencia Catastrófica se ejecuta al mismo tiempo que la Licencia por Enfermedad Suplementaria.

Los profesores pueden tener la opción de utilizar la carga acumulada para una licencia médica.

Su contribución a los beneficios del Distrito continuará mientras usted esté en un estado pagado.

## Instrucciones de Licencia Médica

Lo antes posible:

- Notifique a su departamento las fechas de su licencia extendida. Si es necesario, pueden trabajar para asegurar un sustituto para su ausencia
- Póngase en contacto con [Linda Jay](#), especialista en recursos humanos, para comenzar el proceso de licencia.
- Presentar una verificación médica a Recursos Humanos que respalde su necesidad de una licencia extendida, que incluya las fechas en que estará fuera del trabajo.

Durante la excedencia:

- Actualice a Recursos Humanos y a su Departamento de cualquier actualización/extensión de su licencia.
- Presentar verificaciones médicas actualizadas a Recursos Humanos.

Cuando esté listo para regresar al trabajo:

- Envíe una autorización médica (si aún no se ha presentado con sus verificaciones médicas anteriores) a Recursos Humanos. Esta información debe incluir cualquier restricción que pueda tener y el tiempo en el que estarán en vigor.
- Notifique a su departamento de la fecha prevista de regreso al trabajo.

## **Preguntas frecuentes**

- Necesito operarme en dos semanas. ¿Qué hago?
  - ✓ Proporcionar la Certificación del Proveedor de Atención Médica (vea la página 14) o la verificación médica de su proveedor a [Linda Jay](#), Especialista en Recursos Humanos. Esta información debe incluir las fechas en que estará fuera del trabajo. Esto puede enviarse por correo electrónico o fax al 707-527-4311
- ¿Cuánto tiempo puedo seguir trabajando?
  - ✓ Puede trabajar todo el tiempo que su proveedor médico lo autorice. Una vez que su médico lo saque del trabajo, es posible que ya no trabaje en el lugar o en casa, debido a problemas de responsabilidad para el Distrito.
- ¿Cuándo puedo volver al trabajo?
  - ✓ Puede regresar al trabajo una vez que su médico le dé el alta. Si no está incluido en la verificación médica original, se requiere una autorización para regresar al trabajo.
- Mi médico me dijo que podía volver a trabajar, pero tengo limitaciones en cuanto a lo que puedo hacer. ¿Todavía puedo volver a trabajar?
  - ✓ Posiblemente. Una vez que proporcione la información de servicio modificada, Recursos Humanos confirmará que su departamento puede adaptarse a sus restricciones. Si no pueden adaptarse, permanecerá de licencia hasta que obtenga una liberación completa.
- Tuve algunas complicaciones y necesito estar fuera más tiempo. ¿Qué tengo que hacer para prorrogar mi baja?
  - ✓ Proporcionar una Certificación actualizada del proveedor de atención médica o una verificación médica de su proveedor con las fechas extendidas de su licencia.
- ¿Cómo permaneceré cubierto mientras esté de licencia?
  - ✓ Primero agotamos su licencia por enfermedad. Si usted es un Profesional Clasificado, también utilizaremos las vacaciones disponibles y/o CTO/PTO para su licencia.
- Mi tiempo acumulado no cubrirá mi licencia. ¿Cómo permaneceré cubierto entonces?
  - ✓ Una vez que se agote la licencia por enfermedad (y las vacaciones, CTO/PTO para Profesionales Clasificados), puede ser elegible para una Licencia por Enfermedad Suplementaria de hasta 100 días para la Facultad (se ejecuta simultáneamente con la licencia por enfermedad) o un Pago por Diferencia Sustitutiva de hasta 5 meses para Profesionales Clasificados / Administradores / Supervisores (al agotar la licencia acumulada).

## Preguntas frecuentes

- ¿Qué sucede con mis beneficios mientras estoy de licencia?
  - ✓ La cobertura de beneficios continuará mientras usted esté de licencia con goce de sueldo.
- ¿Califico para el Seguro Estatal de Incapacidad (SDI)?
  - ✓ SRJC no paga al SDI. Es posible que califique de otro empleador. Por favor, consulte directamente con el Departamento de Desarrollo del Empleo (EDD, por sus siglas en inglés) para conocer su estado.
- Tengo algunas complicaciones importantes que me mantendrán fuera por un tiempo prolongado, más allá de mi licencia acumulada. ¿Tengo opciones?
  - ✓ Los Profesionales/Administradores/Supervisores Clasificados y los empleados confidenciales pueden ser elegibles para una Licencia Catastrófica por una lesión/enfermedad a largo plazo o potencialmente mortal, por hasta dos meses de licencia por enfermedad donada.
    - Se pueden solicitar trece días adicionales de licencia por necesidad personal/catastrófica complementaria para aplicarla a su licencia.
  - ✓ Los profesores y administradores educativos pueden ser elegibles para una licencia catastrófica por una lesión/enfermedad a largo plazo y potencialmente mortal, por hasta 46 días de licencia por enfermedad donada
  - ✓ Su proveedor médico verifica si usted califica para la Licencia por Catastrófico.
- Mi cónyuge tuvo un accidente automovilístico grave y necesita mi ayuda. ¿Cuáles son mis opciones y cómo se cubrirá mi licencia?
  - ✓ FMLA y CFRA le permiten tomarse el tiempo para cuidar a los miembros de su familia. Utilizaremos su tiempo acumulado para mantenerlo en un estado pagado. Si la licencia acumulada no está disponible, la Licencia Catastrófica se puede usar para familiares inmediatos (AFA) o cónyuge/parejas de hecho, padres o hijos dependientes (SEIU).
- ¿Las vacaciones o los días no laborables cuentan para mi tiempo libre?
  - ✓ No. No deducimos los días no laborables, los descansos semestrales o las vacaciones de su saldo de licencia por enfermedad. A los efectos de la FMLA y la CFRA, si un empleado se toma una semana de licencia bajo la FMLA o la CFRA y se produce un día festivo durante la semana, el día festivo cuenta para la FMLA/CFRA.
- ¿Sigo acumulando licencia por enfermedad y vacaciones mientras estoy de licencia?
  - ✓ Sí, las acumulaciones de licencia por enfermedad y vacaciones (si corresponde) continuarán mientras esté en un estado remunerado.

## Preguntas frecuentes

- ¿Con quién puedo hablar sobre mi salario mientras estoy de baja?
  - ✓ Profesionales Clasificados, Miembros del Equipo de Gestión, Facultad de Contratos: [Terri McBride](#), Especialista en Nómina
  - ✓ Profesor Asociado: [Michelle Michalski](#), Especialista en Nómina
  - ✓ Todos los empleados: [Deepa Desai](#), Gerente de Nómina, o [Lisa Hotchkiss](#), Analista de Nómina
- Todavía estoy confundido, ¿quién puede responder a mis otras preguntas?
  - ✓ Póngase en contacto con [Linda Jay](#), especialista en recursos humanos

## **Discapacidad a largo plazo/a corto plazo**

Santa Rosa Junior College no paga al Departamento Estatal de Discapacidad (EDD, por sus siglas en inglés). Contamos con planes de discapacidad a largo y corto plazo a través de SunLife Financial.

Una vez que su licencia alcance los 60 días, le enviaremos la información para solicitar LTD / STD. Si presenta una solicitud y es aprobado, es posible que reciba beneficios adicionales para respaldar su licencia.

La discapacidad a largo plazo está disponible para

- Todos los profesionales clasificados a tiempo completo (programados para trabajar al menos 20 horas por semana)
- Profesores con menos de cinco años en el Sistema de Jubilación STRS
- Miembros del Equipo de Gestión en el Sistema de Jubilación PERS o con menos de cinco años de servicio adquirido en el Sistema de Jubilación STRS

La discapacidad a corto plazo está disponible para

- Todos los miembros clasificados, del equipo de facultad o de gestión a tiempo completo (programados para trabajar al menos 20 horas por semana) con 5 o más años de servicio adquirido en el Sistema de Jubilación STRS.

# FAMILY CARE AND MEDICAL LEAVE

## FACT SHEET



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/](http://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<sup>1</sup> 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<sup>2</sup>, 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

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.

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

# FAMILY CARE AND MEDICAL LEAVE

## FACT SHEET



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/](http://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](http://www.edd.ca.gov/Disability/Paid_Family_Leave.htm) or [www.edd.ca.gov/Disability/About\\_DI.htm](http://www.edd.ca.gov/Disability/About_DI.htm).

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**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](http://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.

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.

## BENEFITS & PROTECTIONS

## 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



# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Printed Name of Health Care Provider:</b>	
_____	
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 health 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 or 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:

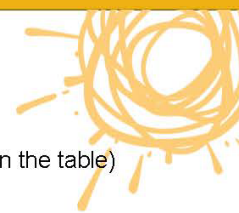
- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

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?

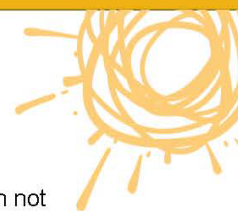
After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

## 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.**



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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GVL TDBH-EE-6439

SLPC 28406 07/17 (exp. 07/19)

# Employer-paid Short-Term Disability insurance<sup>1</sup>



## 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<sup>1</sup> 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.**



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)