COUNTY OF SAN MATEO

INTERMITTENT LEAVE OF ABSENCE REQUEST FORM

(Including FMLA / CFRA Leaves)

This form should be used for all requests for leaves of absence from duty, paid or unpaid, except for approved work-related injuries/claims.

I. NOTICE OF FMLA/CFRA: Family Medical Leave Act (FMLA) & California Family Rights Act (CFRA) allows eligible employees 12 weeks or 480 hours of protected time off. Where applicable, the time period of your leave will automatically be covered under FMLA/CFRA, unless you advise your supervisor immediately that you disagree with the determination.

II. GENERAL INFORMATION:

Name:_____ Classification:_____ Date:_____

Employee ID #:_____ Work Phone:_____ Home Phone:_____

Department/Division:_____ Pony:_____ Supervisor's Name/Phone:_____

III. DURATION OF THE REQUESTED LEAVE: Leave Starts On:_____ Leave Ends On: _____

Is this an extension of an existing leave? Yes ☐ No ☐

If yes, indicate your original leave dates: From:_____ To: _____

IV. TYPE OF LEAVE: (Check All That Apply)

Please see the reverse side of this form for descriptions of the various types of leaves of absence.

☐ **A Leave of Absence for Illness or Injury** (FMLA/CFRA) Medical Certification form must be completed by your health care provider and included with your paperwork

☐ **B Leave of Absence for Personal Reasons** Please provide supporting documentation

☐ **C Parental Leave of Absence** (FMLA/CFRA) Please include information on how you plan to schedule your time away from work

☐ **D Military Leave of Absence** (FMLA/CFRA) Please attach a copy of orders or supporting documentation

☐ **E Educational Leave** Please attach Educational Leave Form

V. PAY STATUS DURING THE LEAVE:

I request: Paid leave: Yes ☐ No ☐ Unpaid leave: Yes ☐ No ☐ Some paid leave and some unpaid leave Yes ☐ No ☐

Please identify the number of hours you wish to use OR the priority in which you wish to use your hours. For example, for two weeks off you can enter 40 hours vacation and 40 hours of Comp time. Or, you can put a #1 priority for Vacation and #2 priority for Comp Time. By "prioritizing" you will exhaust all time in the order preferred, if applicable. *Please feel free to call your Payroll Specialist for assistance.*

Code	Description	Hours	Priority	Code	Description	Hours	Priority
035	Sick Leave	0		**055**	Jury Duty	0	
041	Vacation Hours	0		**056**	Military Leave	0	
090	VTO Hours	0		**057**	Educational Leave w/pay	0	
052	Comp/Admin Hours	0		**061**	Leave w/o Pay	0	
048	Holiday Hours	0					

Please indicate your anticipated time off schedule during leave:

_____ Hours per Day/ _____ Days per Week/ _____ Weeks per Month

Additional Comments:

VI. AUTHORIZATION(S): *(I fully understand this leave request and have read the instructions and information on the front and back of this form. I understand I am responsible for the cost of my insurance benefits (outside of FMLA/CFRA coverage) and it is my obligation to contact the Benefits Division of the Human Resources Department to make arrangements for premium coverage, where applicable)*

Employee Signature: _____ Date: _____

Supervisor/Manager: _____

Print Name *Signature* *Date*

Division/Department Head: _____

Print Name *Signature* *Date*

Please return the completed Leave of Absence Form *with additional supporting documentation*, as noted above, to your supervisor. Your supervisor will review your request and send it to HR Risk Management for processing.

VII. TO BE FILLED OUT BY COUNTY OF SAN MATEO HUMAN RESOURCES DEPARTMENT REPRESENTATIVE:

FMLA/CFRA Eligible: Yes ☐ No ☐

Notes:

Human Resources Department: _____

Print Name Signature Date

Leave of Absence Instructions and Information

It is the policy of San Mateo County to provide family and medical leave to eligible employees in accordance with the Federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). FMLA/CFRA allows eligible employees 12 weeks or 480 hours of protected time. In addition to FMLA/CFRA rights, the County has a generous leave policy for other types of leaves. See below for instructions and information about the type of leave you are requesting.

This **Leave of Absence Request Form** shall be used to request time off from work whether you are requesting leave to be paid or unpaid, for all reasons except for work related injuries. For work related injuries please refer to San Mateo County's Workers' Compensation Benefits Package which you may obtain from your payroll specialist or Risk Management. An employee granted a leave of absence, unless otherwise provided, has the right to return to a position in the same classification, or equivalent classification in the same department as he/she held at the time the leave was granted.

A. Leave of Absence for Illness or Injury (Medical Leaves for employees and/or their immediately family members)

A Medical Leave of Absence may be granted for up to 26 bi-weekly pay periods (one year), paid or unpaid, for the employee's own injury or condition. Medical Leaves may include leaves for childbirth, disabilities caused or contributed by pregnancy, miscarriage and abortion. Medical Leaves to care for an immediate family member who has suffered an injury or illness, under FMLA/CFRA can be granted for up to 12 weeks or 480 hours.

Medical Leaves require supporting medical documentation to include when the leave starts and the expected end date. If you are released to return to work with limitations/restrictions or you're unable to perform all of your tasks, please contact your supervisor immediately to discuss the possibility of returning you to work under a Temporary Work Assignment (TWA).

If you feel your condition qualifies for accommodations under the Americans with Disabilities Act (ADA) or the Fair Employment Act, please contact the County's ADA Manager at (650) 363-4738.

B. Leave of Absence for Personal Reasons

A Leave of Absence for personal reasons may include an extended vacation. All vacation and holiday time must be used prior to be being granted unpaid leave. Unpaid leave may be granted for a maximum of 13 full bi-weekly pay periods.

C. Parental Leave of Absence

An employee may be granted a Parental Leave of up to 13 bi-weekly pay periods, during the period of one year following the birth of the employee's child or one year following the placement of a child within the employee's home in connection with the adoption or foster care of a child. An employee is not required to exhaust paid leave prior to being granted Parental Leave but may use up to 30 working days of sick leave. To be granted leave under this section, the employee must attach medical documentation of the expected due date or supporting documentation of the adoption or placement of a foster child. Minimum leave for Parental Leave is two weeks, except on two occasions where the leave may be granted for less than two weeks.

D. Military Leave of Absence

The provisions of the Military and Veterans Code of the State of California shall govern military leave of County employees. Orders must be attached. Additionally, Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service-member during a 12-month period. A covered service-member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty that may render the service-member medically unfit to perform his or her duties for which the service-member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

E. Educational Leave of Absence with Pay

Educational leaves may be granted to employees for a maximum of 65 working days during a 52 bi-weekly period for the purpose of attending formal training or educational course of study. Eligibility for such leaves will be limited to employees with at least 13 bi-weekly periods of continuous service and who are not extra help or temporary. Such leaves will be granted only in cases where there is a reasonable expectation that the employee's work performance or value to the County will be enhanced as a result of the course of study. A separate Leave of Absence Request form must accompany this form.

F. Other Leave

For more information regarding these types of leaves, refer to the County's Ordinance Code:

Leave of Absence to Accept Temporary Employment Outside the County Government
Leave of Absence to Accept a Position in the Unclassified Service
Leave of Absence to Fill an Un-expired Term in an Elective Office
Absence Due to Required Attendance in Court

Intermittent Leave of Absence: Important Information to Know about Family Medical Leave of Absence / California Family Rights Act (FMLA/CFRA)

Intermittent Leave of Absence for Own Health Condition (FMLA)

Employees who qualify for a Family Medical Leave of Absence (FMLA) are entitled to up to 12 work-weeks of job-protected leave per calendar year. This equates to about 480 hours. FMLA is unpaid by the County, but you can apply for State Disability Insurance through the State Disability website (https://edd.ca.gov/en/disability/disability_insurance/). Employees have the option to apply for State Disability Insurance when taking an FMLA leave and are encouraged to reach out to payroll@smcgov.org at the Controller's Office about integrating SDI payments with their County paychecks.

Intermittent Leave of Absence for a Family Member's Health Condition (FMLA/CFRA)

Employees who qualify for a Family Medical Leave of Absence (FMLA) are entitled to up to 12 work-weeks of job-protected leave per calendar year. This equates to about 480 hours. FMLA is unpaid by the County, but you can apply for up to 8 weeks of paid family leave through the State Disability website (https://edd.ca.gov/en/disability/paid-family-leave/). Employees have the option to apply for Paid Family Leave (PFL) when taking an FMLA leave and are encouraged to reach out to payroll@smcgov.org at the Controller's Office about integrating PFL payments with their County paychecks.

Timecards

Intermittent leave under FMLA/CFRA is unpaid by the County, but you may use accrued leave to remain in a paid status. If you do not have any accrued paid leave, please use code 061 when you take any unpaid leave. When notifying your department that you are taking FMLA/CFRA leave, you must state that the leave is for an FMLA/CFRA covered condition.

When completing your timecard, you are required to note in the "comment" section of your timecard that the time off is covered FMLA leave, regardless of the pay code used (sick, vacation, holiday, etc.). The "comment" section is the column furthest on the right. This will allow Payroll to track your FMLA hours usage. When an employee is on approved FMLA or CFRA leave, they can choose to take the time off as unpaid (code 061) or use their accrued personal time. Please note that if an employee decides to take the time off as unpaid, the Benefits department may end up charging them for the cost of their health care benefits if they are unable to deduct it from the employee's paycheck amount. Employees are encouraged to speak directly with the Benefits department regarding any questions about Benefits: Benefits@smcgov.org.

Lifelong Conditions

For a lifelong condition, we can only certify up to 1 year of leave at a time, so the doctor can list a 1-year end date on the medical certification. For lifelong conditions, employees will need to reapply for FMLA and obtain an updated medical certification from the doctor every year.