

# Absence Management Program Handbook

## Family Leave Policy Guidelines

County of Ventura Human Resources Department  
A Division of the County Executive Office

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## Preface

The County of Ventura Personnel Rules & Regulations define a Leave of Absence as, “An authorized absence from duties with or without pay.” To be considered for an authorized leave, employees must submit a leave request for any absence longer than three (3) consecutive days, or two (2) consecutive twenty-four (24) hour work shifts, unless the time off is due to a pre-approved vacation.

Information in this handbook is based on the federal Family and Medical Leave Act (FMLA) and its implementing regulations issued by the United States Department of Labor (DOL), and the California Family Rights Act (CFRA) and California Pregnancy Disability Leave Law (PDL) and their implementing regulations issued by the California Civil Rights Department (CRD) (formerly the Department of Fair Employment and Housing).

These statutes provide employees with reasonable job-protected paid and unpaid leave for medical reasons and specified family care. These laws are intended to afford employees the ability to balance workplace demands with the needs of their families.

Due to the complexity of these leave provisions, this handbook is not intended to be the sole source of information. The administrative provisions of the County of Ventura’s leave policy and status of benefits are subject to change if contracts, laws, and/or mandates change. Employees should check the Memorandum of Agreement (MOA) or Management Resolution (MR) that covers their respective job classification for further benefits and provisions available during a leave of absence. Also, there are leaves provided by statutes other than the FMLA, CFRA and PDL but they are not discussed in this handbook.

It is important that employees, supervisors, and managers understand that there is a shared responsibility to comply with the regulations set forth under FMLA, CFRA, and PDL. Employees are expected to adhere to attendance policies in addition to the guidelines set forth in the leave laws. For questions regarding FMLA, CFRA, or PDL, the employee should contact their agency/department Human Resources Representative.

This handbook is intended to be a resource for informational purposes only. Its contents are not legally binding, nor should they be considered a substitute for the language of statutes or regulations.

## Introduction to Protected Leaves

### Family Medical Leave Act (FMLA)

The federal Family and Medical Leave Act requires employers to provide unpaid, job-protected leave, job restoration, and continuation of health benefits in the event an employee or an employee's covered family member has a qualifying health condition. In 2010, the amended FMLA regulations included two (2) military family leaves known as "Caregiver Leave" and "Qualifying Exigency Leave." These leave provisions are to care for a covered servicemember with a serious injury or illness, and/or any qualifying exigency for a covered military member.

### California Family Rights Act (CFRA)

The California Legislature established the California Family Rights Act which contains family care and medical leave provisions for California employees. Like FMLA, the act was established to ensure secure leave rights, and it provides eligible employees with unpaid, job-protected leave for medical reasons and specific family care. Unlike FMLA, CFRA does not provide leave for disabilities or related medical conditions due solely to pregnancy or childbirth. In most cases, CFRA and FMLA leaves will run concurrently.

### Pregnancy Disability Leave (PDL)

The California Civil Rights Department (CRD) contains a provision related to pregnancy leave (PDL). PDL provides employees with unpaid, job-protected leave due to pregnancy, childbirth, or a related medical condition. PDL will run concurrently with an FMLA leave (if eligible). Employees are entitled to take PDL in addition to any leave entitlement they may have under CFRA.

If an employee is disabled as the result of a condition related to pregnancy, childbirth, or associated medical conditions, and requests reasonable accommodation upon the advice of the employee's health-care provider, the employer will explore reasonable accommodation provided it has the means to fulfill the employee's request.



*Note: For questions regarding the County's Reasonable Accommodation Policy, contact your agency/department Human Resources Representative.*

## Eligibility, Qualifying Reasons, and Leave Entitlement

The FMLA and CFRA allow an eligible employee to take a maximum of 12 workweeks of leave in one 12-month period for one or more FMLA and/or CFRA qualifying reasons. The 12-month period is measured backward, using the “rolling” method. Under the “rolling” 12-month period, each time an employee takes FMLA/CFRA leave, the remaining leave entitlement would be the balance of the 12 weeks that has not been used during the immediately preceding 12 months.

### Eligible Employees

To be eligible for a leave of absence with the County of Ventura under FMLA/CFRA, an employee must:

- Be employed as a full-time, part-time, or intermittent employee with the County;
- Have worked at least 12 months for the County; and,
- Have worked at least 1,250 hours (work hours) during the 12-month period immediately preceding commencement of the leave.

### Qualifying Reasons

An employee may qualify for FMLA, CFRA, or both, depending on the qualifying reason. Once an employee meets the FMLA and/or CFRA eligibility requirement, leave can be taken for any of the following reasons:

Qualifying Reason	FMLA	CFRA
An employee’s own serious health condition	✓	✓
The serious health condition of family members:		
Child, Parent, Spouse	✓	✓
Registered Domestic Partner		✓
Adult child and/or the child of registered domestic partner		✓
Grandparent, Grandchild		✓
Sibling		✓
Designated Person		✓
Pregnancy or prenatal care	✓	
Bond with a new child (birth, adoption, or foster placement) within 1 year	✓	✓
Care for injured service member	✓	✓
Military “qualifying exigency”	✓	

### Amount of Leave Entitlement

**Full-time employees:** An eligible employee’s leave entitlement is limited to a total of up to 12 workweeks of unpaid leave during any 12-month period.

**Part-time/Intermittent employees:** An eligible employee’s leave entitlement is on a proportional basis. The amount of leave entitlement is based on the number of hours worked during the 12 months preceding leave commencement.

## FMLA for Armed Forces Members and Caregivers

- 26 workweeks of leave for the spouse, child, parent or next of kin of an Armed Forces member who is recovering from illness or injury or for a veteran who is recovering from an injury sustained within the last five (5) years.
- 12 workweeks for any “qualifying exigency” arising from a spouse, child, or parent’s call to active duty.

## Pregnancy Disability Leave (PDL)

PDL is available to employees who become disabled due to pregnancy, childbirth, or related medical conditions. The PDL, FMLA, and CFRA all interact when an employee takes leave due to pregnancy. PDL provides up to a maximum of four months of disability leave per pregnancy.

**Note:** Under the Pregnant Workers Fairness Act (PWFA), employees may be eligible for reasonable accommodation(s) for known limitations related to, affected by, or arising out of pregnancy, childbirth, or related medical conditions.

## PDL Eligibility

There is no length of service or hours-worked requirement for PDL. To qualify for PDL, an employee must be “disabled by pregnancy,” which means that a health care provider must certify that the employee’s pregnancy or a related medical condition makes them unable to perform one or more of the essential functions of their job.

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*Note: Employees are not required to re-qualify with 1,250 work hours when leave is taken for child bonding immediately following pregnancy disability. If you return to work after pregnancy disability, and have not used all available child bonding, you are required to re-qualify with 1,250 work hours prior to taking remaining child bonding.*

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## PDL Amount of Leave Entitlement

A qualified employee must be provided a maximum of four months (17 and 1/3 weeks) of PDL leave, as needed, for the duration of the time an employee is disabled by pregnancy.

FMLA leave runs concurrently with PDL, but CFRA leave does not. CFRA leave starts when PDL ends. This means that an eligible employee can take additional leave under CFRA for baby bonding once they exhaust their entitlement to PDL.



## Employee Notification to Begin “Child Bonding” Following Pregnancy Leave

After pregnancy disability leave ends (as confirmed by the healthcare provider), eligible employees may take CFRA leave to bond with their child. To begin bonding, employees must submit a leave request to their HR Representative with the start and end dates and provide proof of the child’s birth or placement if it is not already on file.

**Note:** *At the end of the employee's period(s) of pregnancy disability, or at the end of four months of pregnancy disability leave, whichever occurs first, eligible employees may request to take CFRA leave of up to 12 workweeks for reason of the birth of the employee's child if the child has been born by this date.*

## Child Bonding, Placement for Adoption/Foster Care

Up to 12 weeks of leave can be taken within one year of the child’s birth for bonding, adoption, or start of foster care/placement of a child and does not have to be taken in one continuous period of time. The basic minimum duration of leave, under CFRA, shall be two (2) weeks. However, an employee may take a leave of less than two (2) weeks’ duration on any two (2) occasions.



Any additional requests for intermittent leave or a reduced work schedule for child bonding, adoption, or foster care placement of a child are subject to approval by the agency/department as a personal leave.

## Other Leave Types

**Emergency Rescue Personnel Leave** – If an employee performs emergency duty as a volunteer firefighter, reserve peace officer, or emergency rescue personnel:

- The employee may be eligible to take temporary unpaid leave time of up to 14 days per calendar year; AND
- For the purpose of engaging in fire, law enforcement, or emergency rescue training (as defined in California Labor Code section 230.03).

**California Bone Marrow/Organ Donation Leave** – If an employee takes a leave for the purpose of organ or bone marrow donation.

- A paid leave of absence not exceeding 30 business days to an employee who is an organ donor in any one-year period, for the purpose of donating the employee's organ to another person. The one-year period is measured from the date the employee's leave begins and shall consist of 12 consecutive months.
- A paid leave of absence not exceeding 5 business days to an employee who is a bone marrow donor in any one-year period, for the purpose of donating the employee's bone marrow to another person. The one-year period is measured from the date the employee's leave begins and shall consist of 12 consecutive months.
- This leave shall not be taken concurrently with FMLA/CFRA entitlements.

**Reproductive Loss Leave** – An employee may take unpaid leave following their own reproductive loss event or that of another person, such as a spouse or partner, if the employee would have been the parent of the child born or adopted.

- An employee must work for the County for at least 30 days before taking a leave.
- An eligible employee may take up to 5 days of unpaid leave.
- Leave must be completed within three (3) months of the reproductive loss event or within three (3) months after completing another protected leave (e.g. FMLA, CFRA or PDL).
- This leave shall not be taken concurrently with FMLA, CFRA or PDL.

## **Survivors of Violence and Family Members of Victims Right to Leave and Accommodations**

If an employee is a survivor of a Qualifying Act of Violence (QAV), or has a family member who is a survivor, the employee may take unpaid leave with advance notice, if possible, for certain related activities.

- An employee has the right to take time off work for jury service or to appear in court as a witness to comply with a subpoena or court order.
- If you are a victim of violence, you have the right to take time off work to get relief (like a restraining order) to protect you or your child's health, safety, or welfare.
- If the leave is due to the serious health condition of the employee or family member, FMLA/CFRA leave applies (if eligible). If the employee is FMLA/CFRA eligible, this leave runs at the same time. Employees are not entitled to back-to-back leave.
- If the employee is a family member of a survivor of a QAV, but is not the victim, the employee may take up to ten (10) days of leave or up to five (5) days to help a family member relocate.
- If you are a victim of violence or the family member of a deceased victim of violence, you can take up to 12 weeks off work for lawful reasons.
- An employee who is a survivor of a QAV, or whose family member is a survivor, may request reasonable accommodation to ensure their safety at work.

## Leaves Which Do Not Qualify as Protected Leave

Leaves taken for the reasons listed below do not qualify as protected leave, unless otherwise stated.

- Personal Leave – If an employee takes a leave for personal reasons. Requests must be reviewed and approved by the supervisor.
- Educational & Academic Leave – If an employee takes a leave to further their education. Requests must be reviewed and approved by the supervisor.
- Organizational Leave – If an employee takes a leave to conduct union business.

## Industrial Leaves

If an employee suffers from a work-related injury or illness, which is deemed compensable by the County's Workers' Compensation third-party administrator (TPA), the leave is considered an industrial leave. Industrial leave only applies if the employee is approved for such leave under California Labor Code section 4850 or if the employee is receiving Temporary Total Disability (TTD) or Temporary Partial Disability (TPD) benefits. Only specified public safety employees are eligible for 4850 benefits.

If receiving TTD/TPD benefits, employees may use sick leave, vacation leave, annual leave and comp time hours in amounts less than or equal to the amount of scheduled biweekly hours, (LESS TTD/TPD Benefit payments). Integration must be at the same level throughout the duration of leave. Employees may change from paid to unpaid at any time during their leave, provided they notify their Human Resources Representative and payroll representative in writing. If unpaid, employees are not entitled to any cash back from flexible credit allowance.

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*Note: Employees who believe they have sustained a work-related (industrial) injury or illness, must contact their supervisor and/or agency/or department Human Resources Representative to report the injury and request a workers' compensation claim form.*

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### Interaction of FMLA/CFRA and California Labor Code Section 4850

FMLA and/or CFRA cannot run concurrently with California Labor Code section 4850, which provides full benefits to certain public safety employees injured on the job. Such public safety employees who sustain a job-related injury are entitled to benefits under the provisions of California Labor Code section 4850 for a maximum of one year or when they return to work, whichever occurs first.

If an employee files a Workers' Compensation claim, and that claim decision is delayed, the absence is deemed medical leave, alleged industrial leave pending determination, until the determination has been made. If the claim is later accepted, then the medical leave will be converted to industrial leave. If the claim is ultimately denied, the case will be assessed as a personal medical leave.

FMLA/CFRA and the applicable MOA or MR eligibility periods may run concurrently. An employee is not entitled to receive cash back from a flexible credit allowance during an UNPAID leave.

If provided in the MOA/MR that covers an employee's job classification, and if the employee is receiving TTD benefits, the County will continue to pay the amount it normally pays toward the employee's medical plan premium only. If both the employee and the County contribute to a specific plan, the employee's premium payment must be submitted before the County contribution can be paid. The County will not contribute amounts that are normally employee-paid by payroll deduction.

If TTD benefits cease and an employee has exhausted benefits under an UNPAID FMLA/CFRA and/or MOA/MR leave, the employee then becomes fully responsible for all health insurance premiums.

## Advanced Disability Pension

Public safety employees covered by Labor Code section 4850 who suffer on-the-job injuries may be eligible to receive Advanced Disability Pension (ADP) payments under California Labor Code sections 4850.3 and 4850.4. These are payable by the County at the rate of half pension pay and tax free up to the point when the employee's first pension payments start.

Certain eligibility criteria apply, including the employee's accepted Ventura County Employees' Retirement Association (VCERA) application for service-connected disability retirement and if an employee's disabling condition has reached maximum medical improvement. Eligibility may also include that all other personal sick and vacation leave have been used, and if applicable 4850 and TTD benefits have exhausted.

If an employee is not successful in being granted service-connected disability retirement they can be required to reimburse the County the ADP paid.



## Leave Usage

In most cases, an FMLA/CFRA/PDL leave is taken for a continuous period. Such leave is not broken up by a period of work and is continuous when an employee is absent for three consecutive working days or more. However, there may be medical reasons that require leave to be taken periodically.

### Intermittent Leaves

Under some circumstances, an employee may need to take an FMLA/CFRA/PDL leave intermittently or on a reduced work schedule. Intermittent leave is taken in separate periods of time for a single qualifying reason. The employee must make a reasonable effort to schedule their intermittent leave to not disrupt the work of the agency/department.

A reduced work schedule can be taken by reducing daily or weekly work hours. There must be a medical necessity for such a leave and such medical need can be best accommodated through an intermittent or reduced work schedule.

Only the amount of leave actually taken may be counted against an employee's leave entitlement.

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*Note: The County may proportionally reduce benefits (such as vacation accrual, sick leave accrual, etc.) when an employee chooses a reduced work schedule.*

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### Medical Treatments/Appointments

When leave is needed for planned medical treatments/appointments, a reasonable effort should be made to schedule treatments/appointments so as to minimally disrupt agency/department operations, in accordance with the medical certification. Employees are ordinarily expected to consult with their agency/department prior to scheduling treatment to work out a treatment schedule that best suits the needs of both the agency/department and the employee.

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*Note: Agency/department Human Resources Representatives can request that an employee provide the agency/department with the health care provider's hours of operation, appointment times for treatment, and applicable locations.*

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If an employee who provides notice of the need to take FMLA and/or CFRA leave on an intermittent basis for planned medical treatment neglects to consult with management to make a reasonable attempt to arrange the schedule of treatment to not disrupt the agency/department's operation, management may initiate discussion with the employee to attempt to make such arrangements.

## Employee Responsibilities

The employee must promptly inform their supervisor and/or agency/department Human Resources Representative of the need for an FMLA/CFRA leave and the duration of such leave, if known. The employee may do this by requesting an FMLA leave specifically and completing a *Leave of Absence Request Form* or by providing sufficient information which allows an agency/department to determine that the absence may be due to an FMLA/CFRA-qualifying reason.

Foreseeable Leave	Unforeseeable Leave
When leave is foreseeable (e.g., expected date of birth or planned medical treatment), the employee must provide management at least 30 days' advance notice before FMLA and/or CFRA leave is to begin.	If 30 days' notice is impossible due to lack of knowledge or an emergency, notice must be given as soon as possible (same day or next business day), absent extenuating circumstances.

### Complete and Return the Required Forms

It is the employee's responsibility to complete and return all the required leave forms provided by the County. The employee will generally be expected to return the forms within 15 days of receipt for any of the leave entitlements to apply.



### Reporting Leave Time

The employee must always comply with their agency/department's "call-in" procedure and leave of absence request guidelines.

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*Note: If an employee is absent from work without authorization for three consecutive days or two consecutive 24-hour work shifts, the County may, without any notice, deem that the employee has voluntarily abandoned their job under Article 22, Section 2203, of the County of Ventura's Personnel Rules & Regulations.*

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## Insurance Premiums

If the employee's leave is on an unpaid status, the employee may be responsible for paying their share of insurance premiums (medical, dental, vision, health care flexible spending account, and optional life). If the employee has an insurance premium responsibility, the County uses a direct billing service from a third-party administrator.

The employee will receive a "Welcome Notice" that will explain the employee's share of costs for each bi-weekly period covering an approved unpaid leave of absence. Per IRS regulations, employee insurance premiums/contributions are not qualified expenses for Flexible Spending Accounts. Third party administrator debit cards are not an acceptable method of payment for direct billing. See the Annual Benefit Plans Handbook for more details.

## Mid-Year Changes to Your Benefits for Life Events

**Employees are responsible for submitting paperwork for all changes, even when on leave of absence.**

No dependent coverage is automatic, even for newborns (coverage for eligible newborn children of current plan members ends at 30 days after birth if action is not taken to enroll them on your plans). Whether you acquire a new dependent after your coverage has begun, or you wish to enroll an existing dependent, be sure to read this section for instructions and information on coverage effective dates." From Chapter 1 of Benefit Plans Handbook. See page 1-4, Section "Dependent Enrollments"

**To add newly eligible dependents to your coverage, your premium payments must be current.**

If you are not paying premiums during your leave, at least through the date of birth for a newborn or the effective date of coverage for other dependents, they will not be eligible for enrollment. In that case, you must wait until the next open enrollment period to add them, and your premiums must be up to date at that time. Contact your HR Department Representative for assistance regarding your responsibilities.

*Note: Mid-year changes must still be completed within the 60-day deadline, including the event date, regardless of employee leave of absence status.*

**Examples of life events/mid-year changes include, but are not limited to, the following:**

- Add dependent(s) (event dates would be DOB, date of eligibility as a new dependent, date of loss of like for like coverage, depending on the event type that occurred),
- Drop dependent(s) (event dates would be, date of ineligibility as a dependent, date of gain of like for like coverage),
- Enroll in a health plan (the event date would be the loss of like-for-like coverage). Note that an employee must be enrolled in the Flexible Benefits Program to be eligible for enrollment in plans for employees and dependents.
  - Current "Waive" of the flexible benefit program under medical constitutes a waiver of COV Flexible Benefit Program participation. There is no eligibility to enroll mid-year for any reason, including loss of outside coverage.

**Life event/Mid-year change effective dates are as follows (as long as they meet the mid-year change deadline of within 60 days of the event date):**

- Birth, adoption, or placement for adoption if premiums are paid up to date through the coverage period of the event—retroactive to the event date (DOB, adoption, or placement for adoption date is the event date).
- Gain of newly acquired family members if premium payments are current. (Marriage or Domestic Partnership is the event date)- First day of the pay period following the processing period the completed enrollment was received.
- Gain of newly acquired insurance (First day of new like for like coverage is the event date) to opt out of medical, term voluntary health plans, or remove a dependent from coverage.- The first day of the pay period following the processing period, the completed enrollment is received. Must submit a life event/mid-year change within the deadline, even if you are not currently contributing to the continuation of your benefits at the time of the change.
- Loss of like-for-like coverage. (Employees must submit an opt-out or term plans request even if not paying premiums during an Leave of absence. Failure to enroll in at least a medical plan with no lapse in medical coverage makes an employee ineligible for an Opt-Out Allowance.) You must submit a life event/mid-year change within the deadline, even if you are not currently receiving an Opt-Out Allowance during leave, so that you will be enrolled in your desired medical plan upon your return.
  - Employee- The first day of the pay period includes the date of loss.
  - Dependents- On the First day of the pay period following the processing period, the mid-year change was received.

## Employer Responsibilities

The determination of FMLA, CFRA, or PDL must be based only on the information received from the employee, or the employee's spokesperson, in the event the employee is unable to communicate directly. If an employee requests to use vacation or other paid accrued time off without referencing the need for family leave, the agency/department may not ask whether the employee is taking time off for a family leave qualifying reason. However, if the employer denies the request and the employee then provides information that the requested time off is or may be for an FMLA and/or CFRA-qualifying reason, the agency/department may inquire further into the reasons for the absence.

### Eligibility Notification and Designation

The County is required to provide notice and information about protected leaves to its employees upon hire. Additionally, FMLA, CFRA, and PDL posters are displayed in designated areas within each agency/department.

Employees requesting an FMLA/CFRA leave are entitled to receive written notice of:

- Leave eligibility within five (5) business days of receipt of employee's request for leave or knowledge that an absence may be for a qualifying reason, and, if not eligible, a reason as to why the employee is ineligible (e.g., required work hours not met).
- The employee's rights and responsibilities in connection with the leave.
- The certification/documentation required to designate/approve the leave.

Employees are also entitled to receive written notice of:

- Leave status (e.g., approval) within 5 business days of receipt of the required certification/documentation, and if not approved, a reason for the delay (e.g., certification deficiencies) or denial.

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*Note: A certification can be deemed incomplete or insufficient if the information is vague, ambiguous, or non-responsive. Deficiencies not corrected within the specified period of time may result in leave denial.*

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### Retroactive Designation

Absences may be retroactively designated as an FMLA/CFRA or PDL leave when the agency/department has enough information that an employee's leave is due to a qualifying FMLA, CFRA, or PDL reason/medical condition. If applicable and with appropriate written notice to the employee, the absence will be retroactively designated and counted against FMLA, CFRA, or PDL leave entitlement.

**Note:** *Retroactive Designation may impact an employee's pay and/or benefits*

## Returning From Leave

The employee is required to return to work on the date indicated on the approved leave of absence request. The employee may be required to provide their supervisor with a medical release statement from their health care provider. A release to return to work is a statement from the employee's health care provider stating that the employee is able to resume their job duties. The County reserves the right to request a Fitness for Duty Certification, under limited circumstances.

### Interactive Process

The interactive process is a meeting, in person, by phone, or virtually, between the employee and the employer. The interactive process is a discussion to share information to identify an effective accommodation. The interactive process allows communication, in good faith, to find reasonable accommodation that allows the employee to perform the essential functions of their job. Good faith implies ongoing communication (documented) in various forms.

In an effort to provide an effective reasonable accommodation, some cases may require multiple meetings. The interactive process is a cooperative effort in a neutral environment. County agencies/departments should document the interactive process meeting(s) and send the employee an interactive process confirmation document summarizing the discussion points and a "plan of action" with the appropriate follow-up date. Being respectful, courteous, and objective when communicating with employees is crucial to establishing and maintaining ongoing good faith interaction throughout the process.

The agency/department Human Resources Representative, manager, and/or designee is responsible for conducting and coordinating the interactive process meeting. This responsibility includes documenting the meeting and following up on the plan of action whenever possible to ensure a productive meeting. The agency/department Human Resources Representative should:



Obtain all current medical certification(s)



Verify employee's current work status



If the restrictions are the result of a Workers' Compensation claim, contact the TPA to obtain current claim status



Work with employee's supervisor and administration to identify potential temporary tasks that adhere to the employee's known restrictions



Prepare the interactive process document and gather all relevant documents, as appropriate



Invite the employee and agency/department representative to the interactive process meeting

The Interactive Process meeting includes:

- Discussion and review of essential job functions;
- Review of medical certification and accommodation request; and
- Cooperative discussion to achieve an appropriate resolution to the employee's status

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*NOTE: The interactive process does not require an employee to disclose their diagnosis and should focus on medically certified work restrictions. Agencies/departments do not have to provide the exact accommodation requested by the employee but should consider the employee's preference in identifying an effective and reasonable accommodation. Additionally, the accommodation process normally relates to the Americans with Disabilities Act (ADA) and FEHA, and therefore, it is important to keep issues relating to discipline outside of the interactive process.*

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## Temporary Modified Work Assignments

Time spent performing “modified work” in a temporary modified work assignment does not count against an employee's FMLA/CFRA/PDL leave entitlement unless the employee is also working a reduced schedule or otherwise utilizing intermittent leave under those statutes. Additionally, the employee will continue to occupy their regular position while performing temporary modified work.

**Note:** If an employee is on industrial leave (Workers' Compensation) and chooses not to accept a temporary modified work assignment (based on work restrictions provided by their health care provider), the employee may lose their Workers' Compensation benefits. However, the employee may continue to remain on FMLA/CFRA leave, if eligible.



## Reinstatement Following Leave

An employee who returns to work from an FMLA/CFRA/PDL leave, will be restored to their same position, or to an equivalent position with equivalent pay, benefits, and other terms and conditions of employment.

There may be circumstances in which a returning employee's health care provider certifies that an employee is unable to perform the essential functions of their position because of a mental or physical condition, including the continuation of a serious health condition. In this situation, management will take into account the County's obligation and the employee's rights under the Americans with Disability Act (ADA) and/or the Fair Employment and Housing Act (FEHA).



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*Note: Consideration is encouraged before denying reinstatement to an employee returning from FMLA, CFRA, or PDL leave. It is highly recommended that agencies/departments consult with the agency/department Human Resources Representative before denying reinstatement under these circumstances.*

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## Medical Certification

Depending on the nature of the requested leave, employees are required to submit certification supporting the need for an FMLA/CFRA or PDL qualifying leave. Employees are also responsible for providing timely, completed, and sufficient certification within 15 calendar days of receiving a Notification of Leave from their agency/department Human Resources Representative.

If an employee provides a complete certification, signed by the health care provider, the agency/department may not request additional information beyond what is required by the certification form. The agency/department may seek authentication of the medical certification in accordance with Health Insurance Portability and Accountability Act (HIPAA), by contacting the health care provider with the employee's permission.

The medical certification shall include (where appropriate):

- The date on which the employee or their family member's serious health condition commenced and duration of the medical condition;
- The estimated period of time the employee will be unable to perform the essential functions of their job;
- It is medically necessary for the employee to provide care for the employee's family member;
- That the employee's medical condition is due to pregnancy/childbirth or related condition;
- That the employee has been hospitalized overnight or that the employee or their family member is under the continuing care of a health care provider;
- If intermittent leave, a reduced work schedule or follow-up visits are medically necessary;
- The duration and frequency for absences/flare-ups or follow-up medical visits.

*Note: Employees requesting a PDL leave only (ineligible for FMLA/CFRA) are required to submit timely, completed, and acceptable supporting medical documentation from their health care provider. If an employee's FMLA/PDL leave is foreseeable and the employee has provided a 30-day advance notice, the employee must provide any requested medical documentation prior to the commencement of the leave.*

## Recertification

The agency may request the employee provide a recertification no more often than every 30 days and only in connection with an absence by the employee. If a certification indicates that the minimum duration of the serious health condition is more than 30 days, the agency/department must generally wait until that minimum duration expires before requesting recertification. However, in all cases, including cases where the condition is of an indefinite duration, the agency/department may request a recertification for absences every six months.

The agency/department may request a recertification in less than 30 days only if:

- The employee requests an extension of leave;
- The circumstances described by the previous certification have changed significantly; or
- The agency/department receives information that causes it to doubt the employee's stated reason for the absence or the continuing validity of the existing medical certification.

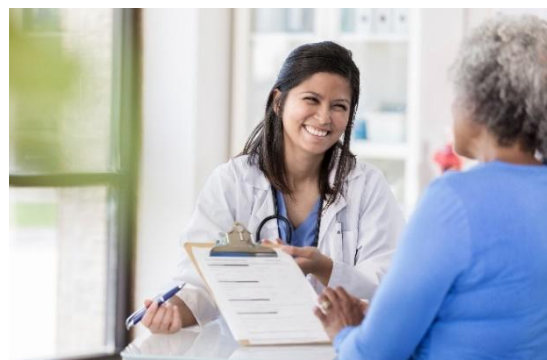
In general, the agency/department may ask for the same information in a recertification as that permitted in the original medical certification. However, the agency/department may provide the health care provider with a record of the employee's absences and ask if the serious health condition and need for leave is consistent with the leave pattern. The health care provider may also be asked to review a Description of Employee's Essential Job Functions for the employee's position to determine their ability to return to work and perform the essential job duties. The employee is responsible for paying the cost of a recertification. In most circumstances, the agency/department must allow the employee at least 15 calendar days to provide the recertification after the employer's request.

Employees with medical conditions lasting longer than one year will require a yearly certification for their FMLA/CFRA leave, must meet eligibility requirements, and may transition into the Position Management Program (PMP).

## Incomplete and Insufficient Certification

Whenever an agency/department finds any medical certification "incomplete" or "insufficient," the agency/department must give the employee a written notice stating what additional information is necessary to make the certification complete and sufficient.

- A certification is considered **incomplete** if one or more applicable entries are incomplete.
- A certification is considered **insufficient** if the information provided is vague, ambiguous, or nonresponsive.



## Authentication and Clarification of Certification

In order to authenticate or clarify a certification, the employee's agency/department Human Resources Representative may contact the employee's health care provider after the employee has been given an opportunity to correct any deficiencies.

- **Authentication** means providing the health care provider with a copy of the certification and confirming that the information contained on the certification form was completed and/or authorized by the health care provider who signed the document.
- **Clarification** means contacting the health care provider to understand the handwriting on the medical certification or to understand the meaning of a response.

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*Note: The employee has an obligation to cooperate in the certification process. Additionally, the employee is responsible for providing clarification of the certification, if necessary, within a specified period (seven calendar days). No additional medical information may be requested in the authentication and clarification process.*

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## Fitness for Duty Certification

Under certain circumstances (e.g., reasonable safety concerns) an employee may be notified that a fitness for duty certification is necessary for their return to work from an FMLA/CFRA leave of absence.



## PAID vs. UNPAID

FMLA, CFRA, and PDL leave(s) are unpaid. However, an employee may substitute paid leave for unpaid leave, but the substitution will not extend the length of the FMLA, CFRA, or PDL entitlement. The employee must elect either a paid leave or an unpaid leave prior to taking a leave of absence. The County allows employees to elect to use accrued time to cover any FMLA, CFRA, or PDL leave(s).

Any accrual hours that have accumulated during the course of an approved leave of absence are available to be utilized on the employee's same leave.

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*Note: Employees are not entitled to receive cash back from the flexible credit allowance during an UNPAID leave or opt-out.*

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If an employee would like their leave to be **PAID** or **UNPAID**, they must:

- Submit the Leave of Absence Payroll Instructions Form for all pay periods of PAID or UNPAID leave.
- Use the appropriate leave hours equal to their full work schedule during the benefit waiting period and any periods not covered by disability benefits.
- Annual Floating Holiday leave hours may not be split over multiple days.

Many employees are eligible for some type of disability insurance to protect against wage loss due to illness or injury. Disability plans do not pay an employee's full salary during periods of disability and most plans have a Benefit Waiting Period (BWP) before any benefit is payable.

The County also provides accrued time which can include sick, vacation, annual leave, floating holiday, and comp time, that an employee may use to continue full pay during the disability benefit waiting period. Most employees benefit from using their bank hours to integrate with disability plans in order to receive up to full pay during periods of disability.

Employees may use accrued bank hours in conjunction with disability benefits that result in the employee's full biweekly base pay. The County of Ventura Administrative Policy Manual Chapter VII Section A-11, Reimbursement for Overpayment and Underpayment policy prevents employees from using accrued hours that result in pay that is greater than their biweekly base rate resulting in overpayment and/or using less than the required amount of bank hours in conjunction with disability resulting in an underpayment.

If an employee chooses to be PAID, they must use the appropriate number of leave bank hours as described below from the beginning of the leave. The appropriate use of leave bank hours must be because of and consistent with the type of leave granted. An employee may stop being PAID and elect to be UNPAID at any time during their leave, but they must provide written notification to their Human Resources and/or Payroll Representative.

If an employee is PAID during their leave and experiences any change to disability benefits, they should immediately contact their Payroll Representative to determine if this will cause a change in the number of hours or type of leave bank time that may be used.

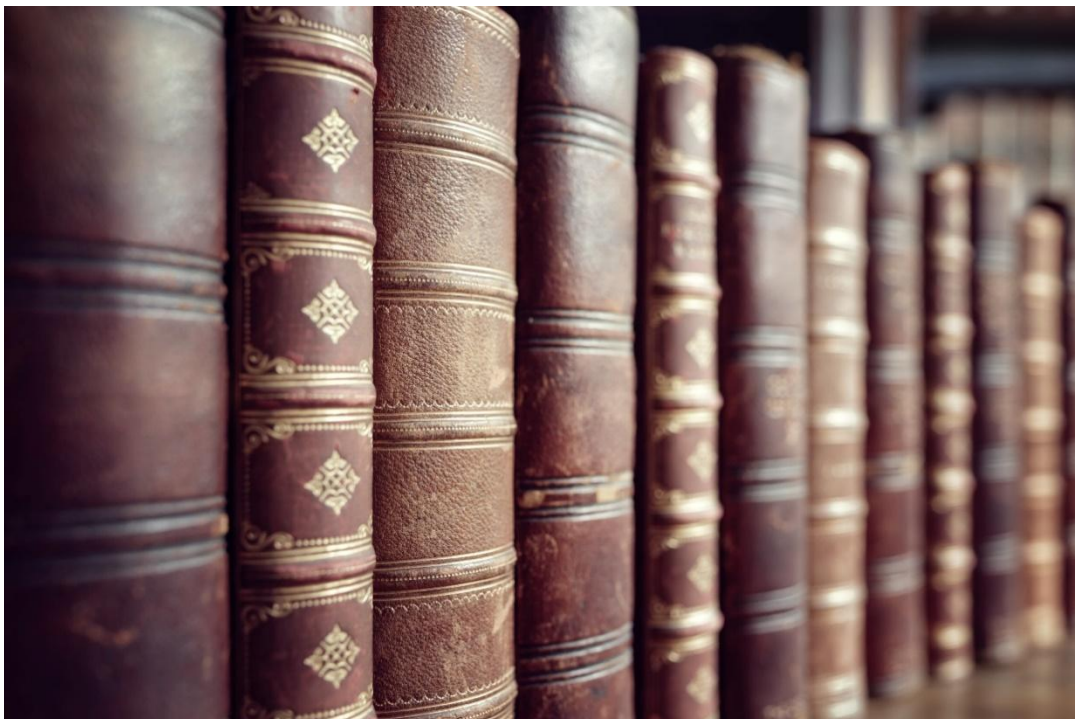
An employee may choose to use accrued hours from their leave banks if allowed under the MOA or MR that covers the employee's job classification and with agency/department approval.

With advanced agency/department approval, an employee may use specific amounts of accrued bank hours during the following types of leaves:

- **MEDICAL LEAVE** – An employee may use sick leave, vacation leave, annual leave, and comp time hours in amounts equal to the amount they are scheduled to report biweekly, *LESS ALL DISABILITY BENEFITS TO WHICH THEY ARE ENTITLED.*
- **PREGNANCY DISABILITY LEAVE** – Same as stated under medical leave, however, all sick leave usage and integration of leave bank hours with disability ends as soon as the disability benefits end. If an employee would like to continue to be PAID after their disability benefits end, they may use vacation, annual leave, and comp time, in amounts equal to their full biweekly work schedule. An employee may not use sick leave hours once disability benefits have ended.
- **FAMILY MEDICAL LEAVE** – If an employee qualifies for family sick leave usage and if they have not exhausted their family sick leave hours for the year, they may use family sick hours subject to the maximum allowed (which are deducted from their personal sick leave bank). The employee may also use vacation, annual leave, and comp time in conjunction with family sick leave (if any), which are equal to their full biweekly work schedule. If the employee is eligible for and will receive Paid Family Leave (PFL) Insurance, they may use accruals in amounts equal to the amount they are scheduled to report biweekly, *LESS ALL PFL BENEFITS TO WHICH THE EMPLOYEE IS ENTITLED.*
- **BONDING, ADOPTION, AND FOSTER CARE PLACEMENT LEAVES** – An employee may use vacation, annual leave, and comp time hours, which are equal to the employee's full biweekly work schedule. If the employee is eligible for and will receive Paid Family Leave (PFL) Insurance, the employee may use accruals in amounts equal to the amount they are scheduled to report biweekly, *LESS ALL PFL BENEFITS TO WHICH THE EMPLOYEE IS ENTITLED.* The employee may not use sick leave hours.
- **MILITARY LEAVE** – If the employee qualifies, they will receive full pay for their regularly scheduled workdays which fall within a 30-day calendar period each fiscal year as regular payroll. The County fiscal year begins on July 1 and runs through June 30. After 30 days of paid Military Leave is exhausted, the employee may use vacation, annual leave, comp time, holiday hours, or leave without pay, which are equal to the employee's full biweekly work schedule.
- **EMERGENCY RESCUE PERSONNEL LEAVE** – An employee may report leave without pay or use vacation, annual leave, comp time and holiday hours which are equal to their full biweekly work schedule.

- **ORGAN AND BONE MARROW DONATION LEAVE** – An employee may use sick, vacation, annual leave, and comp time hours in amounts equal to the biweekly amount the employee is scheduled to report.
- **REPRODUCTIVE LOSS LEAVE** - An employee may use sick leave, vacation leave, annual leave, and comp time hours in amounts equal to the biweekly amount the employee is scheduled to report.
- **SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS** - An employee may use sick leave, vacation leave, annual leave, and comp time hours in amounts equal to the amount they are scheduled to report biweekly *LESS ALL DISABILITY BENEFITS AND PFL BENEFITS TO WHICH THEY MAY BE ENTITLED.*
- **PERSONAL/EDUCATIONAL/ACADEMIC LEAVES** – An employee may use vacation, annual leave, comp time, or holiday hours that equal their full biweekly work schedule.
- **INTERMITTENT LEAVE** – This type of leave is always UNPAID, unless the employee has filed a Waiver of Disability Benefits form. Otherwise, the employee may use sick leave, vacation leave, annual leave, and comp time hours in amounts equal to the biweekly amount they are scheduled to report.

Employees should refer to the MOA/MR that covers their respective job classification for eligibility to use accrued vacation leave, annual leave, or comp time hours, after exhausting all accumulated sick hours.



## Health Insurance Benefits During a Leave

Group health insurance coverage will be maintained while an employee is on an FMLA/CFRA/PDL leave of absence under the same terms and conditions as if the employee had continued to work. Employees who contribute toward group health insurance will continue their biweekly contributions while on leave.

Eligible health insurance plans include medical, dental, vision and health care flexible spending accounts if the employee is enrolled when the leave begins. If both the employee and the County contribute to a specific plan, the employee's premium payment must be paid before the County contribution can be credited. The County will not contribute amounts that are normally employee-paid by payroll deduction. The employee will not be entitled to any cash back from the flexible credit or opt-out allowance during an UNPAID leave.

An employee is eligible for MOA or MR benefits if:

- The employee's agency/department has approved their leave; AND
- The employee's accruals exhaust and their leave is UNPAID for one full pay period or more; AND
- The MOA/MR that covers the employee's job classification allows for MOA/MR benefit contribution for their approved type of leave.

If an employee wishes to continue health plan coverage(s) during any type of leave, and is NOT on FMLA/CFRA/PDL, the employee may be responsible for the entire premium. Premium deductions will continue as long as the amount of compensation the employee receives, based on their leave bank usage, is sufficient to cover employee contributions.

Employer-paid health insurance contributions do not apply while on an ADA/FEHA accommodation leave unless the employee is utilizing paid leave, still eligible for provisions under the respective MOA or MR that represents their job classification, and the MOA/MR allows for continuation of health insurance contributions.

## Other Optional Benefits

Flexible Spending Account (FSA) participants may continue to initiate claims for reimbursement of expenses for services only during those periods of time that contributions were made to an employee's account. If the employee does not continue to make semi-monthly contributions during their leave, coverage will resume on the next 1<sup>st</sup> or 16<sup>th</sup> of the month following return to work.

If an employee has a Dependent Care Flexible Spending Account, unless the entire leave will be unpaid, the employee may complete an Enrollment & Change Form and Mid-Plan Year Change Request form to drop the account when the leave starts, and complete another set of forms upon return, to reinstate. The employee may not file claims for services incurred while not working.

If covered by the County's Optional Life Insurance Plans (through MetLife Insurance Company), the employee may continue that coverage during a leave (up to the maximum period listed below) by paying the entire premium.

- Employees on a Medical/Pregnancy (non-industrial leaves) leave may continue coverage for a maximum of one year.
- Employees on approved Industrial leave may continue coverage for the entire approved leave period while receiving Temporary Total Disability or 4850 benefits.
- Employees who become permanently and totally disabled and are under the age of 60, may apply for a waiver of premium. Applications can be requested by contacting the LOA Benefits Team at [LOA.Benefits@venturacounty.gov](mailto:LOA.Benefits@venturacounty.gov) or by calling (805) 677-8785.

If optional life coverage terminates while an employee is on a leave, the employee may re-apply for optional life insurance upon return to work. This new application is subject to medical and underwriting review by the County's life insurance carrier. Approval of the application is not guaranteed.

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*Note: If coverage lapses during an employee's FMLA/CFRA/PDL leave, no new application is needed upon return from leave, unless the employee remains out on leave past the expiration of FMLA/CFRA/PDL benefits. Uncollected premiums will be payroll-deducted from the first check/advice following return from leave of absence.*

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If enrolled in the County Deferred Compensation Program, the employee should contact the Deferred Compensation Coordinator at [Deferred.Compensation@venturacounty.gov](mailto:Deferred.Compensation@venturacounty.gov) or by calling (805) 654-2620, before the leave begins. The employee should consider the impact on their 401(k) & 457 contributions, 401(k) match, and 401(k) loan(s).

## Direct Bill Service

If an employee has reached or has requested an unpaid leave status, the employee will no longer have health benefits payroll deducted from their check/advice. The County now uses a Direct Bill Service from the direct bill administrator. The employee will receive a "Welcome Notice" that will breakdown the employee's share of costs for each biweekly period (while most months have two biweekly pay periods, some months have three biweekly pay periods).

The employee will no longer remit leave of absence premiums directly to the County. The direct bill administrator offers various remittance options, including the most popular method of Automated Clearing House Network (ACH) from the employee's checking account with no fee. This will require an automatic recurring biweekly payment to be set up. Many employees have requested to have debit and credit card options and this is now available with a convenience fee.

The employee can also mail in their check with the payment "Remittance Coupon." Registration instructions for the portal are listed on the Welcome Notice. The employee can create a login

username on the Optum Financial Member Portal, set up ACH, and obtain more information. The election/grace period is 30 days from the first premium due date.

Premiums made after the 30-day election/grace period may be accepted, but the employee will be required to file an appeal. Their circumstances will be evaluated and all “true-up” premiums will become due for an appeal to be considered. Under no circumstances will appeals be considered 60 days after the next premium due date. If applicable, premiums paid by check will be refunded after an employee’s check has cleared their bank.

If the direct bill administrator does not receive an employee’s premium payment by the election/grace period end date, coverage will be retroactively terminated, and the employee will become responsible for any services obtained after the termination date. If an employee’s health insurance plan(s) sustain a lapse in coverage during an approved leave of absence, the plan(s) will be reinstated at the beginning of the pay period following the employee’s return, provided health insurance premium(s) have resumed on the employee’s check/advice.

For questions about premium amounts due, please contact Optum Financial by calling their Customer Service phone number and/or by emailing them as instructed in the Welcome Notice.

All other questions and problems should be addressed to [LOA.Benefits@venturacounty.gov](mailto:LOA.Benefits@venturacounty.gov) or by calling the LOA Benefits Team at (805) 677-8785. Self-Service information, additional contacts, and forms are available on the County’s website: [hr.ventura.org/benefits/absence-management-disability-plans](http://hr.ventura.org/benefits/absence-management-disability-plans)



California Health Care Mandate effective January 1, 2020 - The Minimum Essential Coverage Individual Mandate requires Californians to obtain and maintain qualifying health insurance coverage. Those who choose to go without coverage could face a financial penalty unless they qualify for an exemption

## Leave of Absence Frequently Asked Questions

- Q. How much leave am I entitled to under the Family and Medical Leave Act (FMLA) or the California Family Rights Act (CFRA)?
- A. If you are an eligible employee, you are entitled to 12 workweeks or 26 workweeks (under National Defense Authorization Act (NDAA)) of leave during a 12-month period.
- Q. What are the eligibility requirements to qualify for protected leave under FMLA or CFRA?
- A. An employee must have: 1) an aggregate of 12 months of County service, which need not be consecutive; 2) worked at least 1,250 hours during the 12-month period immediately preceding the first day of leave; and 3) a qualifying leave reason.
- Q. How much notice do I have to provide before taking FMLA/CFRA leave?
- A. When the need for leave is foreseeable (e.g., based on an expected birth, placement for adoption or foster care, planned medical treatments), you must give at least 30-days' notice. If a 30-day notice is not practicable, you are required to provide notice "as soon as practicable." This also applies to employees seeking a leave due to a qualifying exigency (military family leave), regardless of how far in advance such leave is foreseeable.
- Q. Does Workers' Compensation leave count against an employee's FMLA/CFRA leave entitlement?
- A. In most cases, FMLA, CFRA, and Workers' Compensation leave can run concurrently provided the reason for the leave is due to the employee's serious health condition.
- Q. An employee has been gone for two weeks and has sent in notes from his doctor stating that he has a serious health condition. We did not designate the time as FMLA and CFRA when he first went out. What do we do?
- A. The time must be designated as FMLA and CFRA time. The designation will have to begin from the first day that the employee was absent. Please consult your agency/department Human Resources Representative for guidance.
- Q. What is the deadline for submitting a medical certification?
- A. An employee must provide medical certification to the employer within 15 calendar days after the employer's request, unless it is not practicable under the circumstances to do so despite the employee's diligent, good faith efforts.
- Q. How does the FMLA and/or CFRA relate to other laws and union contracts?
- A. The FMLA grants employees' rights that are independent of other laws and union contracts. If other federal and state laws or a union contract provide a greater benefit than the FMLA and/or CFRA, the employer is obligated to provide the greater benefit to the employee.

- Q. Is there a minimum duration for CFRA leave taken for baby bonding?
- A. Yes. The minimum duration of CFRA leave for baby bonding is two weeks. However, employees are entitled to take CFRA leave for less than two weeks on two separate occasions only unless the department has developed a policy that allows CFRA baby bonding leave to be taken in shorter increments. Any leave taken shall be concluded within one year of the birth or placement of the child with the employee.
- Q. Do pregnant employees have to be disabled to qualify for PDL?
- A. To qualify for PDL, an employee must be “disabled by pregnancy,” which means that a health care provider must certify that the employee’s pregnancy or a related medical condition makes them unable to perform one or more of the essential functions of their job, or to perform these functions without undue risk to themselves, the successful completion of their pregnancy, or to others.
- Q. Upon an employee’s return from maternity and/or bonding leave what resources are available for work/life balance?
- A. There are lactation rooms available, children care programs, dependent flexible spending accounts and more. Visit [hr.venturacounty.gov/benefits/work-life-program](http://hr.venturacounty.gov/benefits/work-life-program) for more information.
- Q. We have an employee who shows up late every day without calling in and says they cannot be disciplined because they are on intermittent FMLA leave. Is that true?
- A. No. While on FMLA and/or CFRA, employees are required to adhere to their departmental call-in policies, just as other employees in similar situations, unless extraordinary circumstances (such as incapacity) prevented the employee from calling in.
- Q. Are student workers and intermittent employees covered by FMLA and/or CFRA?
- A. Yes. As long as an employee-employer relationship exists, FMLA and/or CFRA leave are available to students and temporary employees provided they meet the eligibility requirements of 12 months of service and 1,250 worked hours in the preceding 12 months.
- Q. Can an employee take FMLA and CFRA leave for placement of a child for adoption or foster care?
- A. Yes. FMLA and CFRA leave can be taken if the absence is necessary for the placement of a child for adoption or foster care. For example, the adoptive or foster parents may be required to attend counseling sessions, appear in court, consult with attorneys or physicians, or submit to physical examinations.
- Q. Is there a limit to the number of times an employee can take FMLA/CFRA leave in a 12-month period?
- A. No. The only limit is the maximum entitlement of 12 workweeks or 26 workweeks (under NDAA) in a 12-month period.

- Q. Does the medical certification have to state that the employee cannot perform all the essential functions of their job or can it be only one of the functions? If it is only one function the employee cannot perform, does the County have to grant FMLA/CFRA leave if the County makes “reasonable accommodations” for the employee?
- A. The DOL regulations state that an employee is considered unable to perform the functions of their position if the employee cannot perform one or more of the essential functions of the job held by the employee at the time the FMLA/CFRA leave is requested. FMLA/CFRA must be granted, if the employee meets the eligibility requirements, without regard to “reasonable accommodation.” The DOL has stated that “reasonable accommodation” is irrelevant for purposes of the FMLA.
- Q. A few employees have told me that another employee currently on FMLA leave is not truly sick. Can I cancel the employee’s FMLA leave and order the employee back to work?
- A. No. The agency/department’s designation decision must be based only on information received from the employee or the employee’s spokesperson (if the employee is incapacitated). If the agency/department received information that casts doubt upon the continuing validity of the medical condition the agency/department may request medical re-certification. We recommend consulting your agency/department Human Resources Representative.
- Q. I have an employee who wants to use their own benefit time for the first six weeks they are out recovering from surgery. The employee wants to delay the start of FMLA/CFRA so the County will cover their benefits after they run out of time. Can I do that?
- A. No, you cannot delay the start of their FMLA/CFRA leave for that reason. The FMLA/CFRA begins the first day the employee goes out for a serious health condition regardless of whether they are using their own time or not.
- Q. Our employee has utilized four months of PDL leave prior to giving birth and their doctor says that a continuation of leave is medically necessary. What can I do?
- A. In this circumstance, the employer also has an obligation to engage in the interactive process with respect to providing leave as a reasonable accommodation under the ADA and FEHA. A Medical Leave of Absence may be offered under ADAA and CFRA may be reserved for bonding with a newborn.
- Q. An employee has submitted a Medical Certification requesting intermittent FMLA/CFRA. The Medical Certification does not provide sufficient information such as the frequency and duration or the leave start and end dates to make a determination for eligibility. What can I do?
- A. It is recommended that you consult your agency/department’s Human Resources Department. The Human Resources Representative can consult with the employee regarding areas where the medical certification is incomplete and/or missing and will describe timeframes associated with providing the necessary information to determine if a request can be approved.

## Benefits Frequently Asked Questions

- Q. What happens to my health benefits when I return from leave of absence?
- A. Upon your return, you will be returned to an active status as an employee. This will ensure you receive a check/advice and your health coverage(s) will be uninterrupted or will resume, if you have had a lapse in coverage(s).

If you canceled a Dependent Care Flexible Spending Account prior to your leave, you must complete an Enrollment & Change Form and Mid-Plan Year Change Request form to elect to contribute to the account again. Review the Benefits Plan Handbook, Chapter 1, regarding Qualified Mid-Year changes. You must meet the eligibility and timeliness provisions in order for us to allow you to reinstate this account.

If you return from leave with a significant change in work schedule, you may need to complete various forms depending on your new work schedule. This may include leave paperwork to work a reduced work schedule or an intermittent schedule if you have not exhausted your FMLA/CFRA/PDL entitlement. Your health benefits may be impacted if your new work schedule is insufficient to be enrolled in the County Flexible Benefits Program. The impact could include termination of your health benefits and a federal COBRA offer for continuation of health benefits.

Except for FMLA/CFRA/PDL leave, if you had Optional Life Insurance coverage which lapsed during your leave, it will not be automatically reinstated. You will need to complete an application for new insurance, which is subject to medical and underwriting review by our life insurance carrier (MetLife Insurance Company).

- Q. Can I purchase service credit for my leave?
- A. If you were on a personal medical or Pregnancy Leave and are interested in buying back retirement service credits for the fully unpaid portion while you were disabled, contact the Ventura County Employees' Retirement Association (VCERA), via their website: [vcera.org](http://vcera.org), or call (805) 339-4250 after you have returned to work. Military Leaves may be eligible for buy-back of service credits and service time, subject to Legacy or PEPRA status eligibility and deadlines.
- Q. What happens if I acquired a new dependent or eligibility changed for an existing dependent?
- A. Some examples of a new dependent include, getting married or divorced, having a new baby, or having a child placed in your home pending adoption by you. A change may be a dependent child reaching the age of 26 or they are no longer a dependent child for IRS tax purposes. If any of these events occur while you are on leave, you must complete a Flexible Benefits Program Enrollment and Change Form and return it within 60 days of the event along with any required documentation.

If you do not cancel coverage for an ineligible dependent, you may jeopardize that dependent's eligibility for continuation of coverage under Federal COBRA regulations. You will also be responsible for reimbursing the insurance plan for any expenses incurred by that dependent after they became ineligible for benefits.

If you have Dependent Life Insurance coverage, you will need to complete an enrollment form and/or application for coverage for your new dependent. Contact your agency/department Representative for the forms or visit our website: [hr.venturacounty.gov/benefits](http://hr.venturacounty.gov/benefits).

Q. Will you be on leave during the Annual Open Enrollment?

A. Open Enrollment (OE) for the Flexible Benefits Program (medical, dental, vision, flexible spending accounts) takes place approximately in November each year. If you are on leave during OE, you have the same rights and responsibilities as employees who are actively at work. Prior to OE, the Human Resources Benefits Division will mail your OE information to the mailing address you have on file in the VCHRP payroll system. The information will describe the plans, premium rates, and enrollment instructions.

It will be your responsibility to read the OE material and it is in your best interests to learn as much as you can about the plan(s) before you make your selections by asking questions on anything that is unclear to you. The County of Ventura utilizes Ventura County Human Resources & Payroll (VCHRP) for online enrollment. You can access VCHRP through the internet website: [vchrp.co.ventura.ca.us](http://vchrp.co.ventura.ca.us).

If you do not make your selections through VCHRP or turn in properly completed forms during OE, you may jeopardize your Flexible Benefits Program participation, your health plan coverage(s), and/or coverage for your dependents for the next plan year. Remember that your OE choices are irrevocable for the entire plan year, and you cannot make changes upon your return from leave. For further information, please read the Benefit Plans Handbook. [hr.venturacounty.gov/benefits](http://hr.venturacounty.gov/benefits)

Q. Is your mailing address and/or phone number changing?

A. Log on to the VCHRP website: [vchrp.co.ventura.ca.us](http://vchrp.co.ventura.ca.us) or you can notify your agency/department Human Resources Representative immediately of address and phone number changes, preferably in writing. Since all information is mailed to the mailing address on file, timely action will prevent you from missing important information, such as your annual W-2 form, Form 1095 notices, benefit information notices, or annual OE information.

Q. How do I get more information about disability retirement?

A. Contact VCERA if you are considering filing for a disability retirement (Service or Non-Service Connected) through their website: [www.vcera.org](http://www.vcera.org) or call (805) 339-4250. You can discuss the implications of using unpaid leave hours during a leave of absence. VCERA strongly recommends that you first meet with a Benefits Specialist to be counseled on your options, disability legal standards and VCERA's disability procedures. Please contact VCERA to schedule an appointment.

- Q. What will happen to my benefits if I resign/retire?
- A. Give your supervisor and your agency/department Human Resources Representative as much advance notice as possible by notifying them as soon as you know. Please submit your written resignation to your supervisor.

If you have been making health care premiums during your leave, contact the LOA Benefits Team at (805) 677-8785 or by email at [LOA.Benefits@venturacounty.gov](mailto:LOA.Benefits@venturacounty.gov) to verify you have paid all premiums due, so your coverage is paid through the end date of your leave.

Your agency/department Human Resources Representative may assist in preparing the necessary paperwork, or refer you to other resources, such as the VCERA, Deferred Compensation Coordinator, or COBRA Coordinator. Make sure that your agency/department has your current mailing address to ensure all information reaches you.

Once your termination or retirement is processed, the Human Resources Benefits Division will generate a letter listing your current benefits and describing what steps you need to take to continue benefits on an individual basis through COBRA, if you are eligible to do so. The letter and accompanying information will be mailed to the mailing address in our payroll system. If you will be moving, be sure to let your COBRA Coordinator know where your benefit packet should be mailed. Continuation of coverage (COBRA) is only available for the health care coverage(s) that continued and were paid until the end of your leave.

- Q. Will a leave affect my future salary or retirement?
- A. An unpaid leave of any amount will affect your continuous service hours, but you will not lose any benefits you had accrued (earned) before you went on leave. You will generally not accrue any additional benefits while you are on unpaid leave of any amount. For example, you won't be accruing continuous service hours, and this might impact your retirement eligibility date, the end of your probationary period, your eligibility for salary adjustments, your eligibility for increased vacation/annual leave accrual rates in comparison to other employees who have not been on leave.

An unpaid leave of any amount may also affect 401(k) County matches, 401(k) loan repayments, retirement pick up contributions, vacation/annual leave rate of accruals, holiday pay and bereavement leave pay. Questions on these issues should be directed to your agency/department Human Resources Representative.

## Resources

### County of Ventura

#### **Agency/Department Human Resources Office**

Always contact your agency/department Human Resources Representative for information on FMLA/CFRA/PDL leaves of absences or other disability related matters.

#### **CEO Risk Management – Disability Management Division**

The Disability Management Division supports County agencies/departments and employees regarding FMLA/CFRA/PDL leaves of absences and other disability related matters.

Email: [dmd@venturacounty.gov](mailto:dmd@venturacounty.gov)

Phone: (805) 654-3197

Website: [hr.venturacounty.gov/benefits/dam](http://hr.venturacounty.gov/benefits/dam)

#### **CEO Human Resources Benefits Division**

CEO Human Resources Benefits Division can advise you of the impact (if any) your leave of absence will have on your complete health benefit package and/or provide you with information on other leave of absence matters including short/long term disability insurance plan(s), military leaves of absence, and Advanced Disability Pensions.

Email: [loa.benefits@venturacounty.gov](mailto:loa.benefits@venturacounty.gov)

Phone: (805) 677-8785

Website: [hr.venturacounty.gov/benefits](http://hr.venturacounty.gov/benefits)

#### **CEO Risk Management – Workers' Compensation**

The Workers' Compensation Division supports agencies/departments and employees regarding work-related injury or illness.

Email: [Risk.Management@venturacounty.gov](mailto:Risk.Management@venturacounty.gov)

Phone: (805) 654-3197

Website: [myvcweb.co.ventura.ca.us](http://myvcweb.co.ventura.ca.us) (Intranet)

#### **County Policies and Memorandums**

Employees are strongly encouraged to review their specific MOA or MR for important information regarding specific leaves of absence.

Website: [hr.venturacounty.gov/policies-memorandum](http://hr.venturacounty.gov/policies-memorandum)

#### **County of Ventura Administrative Policy Manual**

Serves as a comprehensive guide that outlines the rules, guidelines, and procedures for managing various aspects of the county.

Website: [myvcweb.co.ventura.ca.us](http://myvcweb.co.ventura.ca.us) (Intranet)

## Benefit Resources

### **Chard Snyder – (Flexible Spending Accounts)**

Email: [askpenney@chardsnyder.com](mailto:askpenney@chardsnyder.com) (Customer Service)

Phone: (800) 982-7715

Website: [chard-snyder.com](http://chard-snyder.com)

### **COBRA/Direct Bill Administrator – Optum Financial**

Phone: (855) 687-2021

Website: [cobra.optumfinancial.com](http://cobra.optumfinancial.com)

### **Deferred Compensation Plans – 401(k)/457 and 401(k) loans**

Deferred Compensation Unit

Email: [Deferred.Compensation@venturacounty.gov](mailto:Deferred.Compensation@venturacounty.gov)

Phone: (805) 654-2620

Website: [dc.venturacounty.gov](http://dc.venturacounty.gov)

### **Employee Assistance Program (EAP)**

Provides free and confidential counseling to you and your family to help resolve problems that may impact your health and well-being.

Phone: (805) 654-4327

Website: [hr.venturacounty.gov/benefits/employee-assistance-program](http://hr.venturacounty.gov/benefits/employee-assistance-program)

### **Health Insurance Plans (Add/Remove Dependent/Update OLI Beneficiaries)**

Benefits Service Representative

Email: [benefits.servicerep@venturacounty.gov](mailto:benefits.servicerep@venturacounty.gov)

Phone: (805) 654-2570

### **MetLife (LTD Insurance) – Group Number 154209**

Email: [mtpmetlife@metlife.com](mailto:mtpmetlife@metlife.com)

Fax: (800) 230-9531

### **Retiree Health Benefits**

Email: [retiree.benefits@venturacounty.gov](mailto:retiree.benefits@venturacounty.gov)

Phone: (805) 477-1580

Website: [hr.venturacounty.gov/benefits/retiree-health-benefits](http://hr.venturacounty.gov/benefits/retiree-health-benefits)

### **Supplemental Retirement Program – Safe Harbor - Safe Harbor Unit**

Email: [safe.harbor@venturacounty.gov](mailto:safe.harbor@venturacounty.gov)

Phone: (805) 654-2921

### **Ventura County Employee Retirement Association (VCERA)**

Phone: (805) 339-4250

Website: [vcera.org](http://vcera.org)

**Work/Life Program**

The Work Life Program promotes the family friendly services offered to County of Ventura employees.

Phone: (805) 477-7234

Website: [hr.venturacounty.gov/benefits/work-life-program](http://hr.venturacounty.gov/benefits/work-life-program)

**Wellness Program**

The Wellness Program supports and promotes a culture of connection, health, and well-being for all County employees

Email: [wellness.venturacounty.gov](mailto:wellness.venturacounty.gov)

Phone: (805) 654-2628

## Additional Resources

Family & Medical Leave Act (FMLA) - [dol.gov](https://www.dol.gov)

California Family Rights Act (CFRA) - [calcivilrights.ca.gov](https://www.calcivilrights.ca.gov)

California Pregnancy Disability Leave (PDL) - [calcivilrights.ca.gov](https://www.calcivilrights.ca.gov)

Pregnant Workers Fairness Act (PWFA) - [eeoc.gov](https://www.eeoc.gov)

Fair Employment and Housing Act (FEHA) - [calcivilrights.ca.gov](https://www.calcivilrights.ca.gov)

Survivors of Violence and Family Members of Victims Right to Leave and Accommodations - [calcivilrights.ca.gov](https://www.calcivilrights.ca.gov)

Reproductive Loss Leave - [calcivilrights.ca.gov](https://www.calcivilrights.ca.gov)

Americans with Disabilities Act (ADA) - [ada.gov](https://www.ada.gov)

California Labor Code - [dir.ca.gov](https://www.dir.ca.gov)

California Military and Veterans Code - [calguard.ca.gov](https://www.calguard.ca.gov)

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) - [dol.gov/agencies/vets](https://www.dol.gov/agencies/vets)

State Disability Insurance (SDI):

- [edd.ca.gov](https://www.edd.ca.gov)
- Phone: (800) 480-3287

Paid Family Leave Insurance (PFL):

- [edd.ca.gov](https://www.edd.ca.gov)
- Phone: (877) 238-4373

## Definitions/Key Terms

**Benefit Waiting Period:** A benefit waiting period is the amount of time an insured must wait before some or all of their coverage comes into effect. The insured may not receive benefits for claims filed during the waiting period. Waiting periods may also be known as elimination periods and qualifying periods.

**Certification:** Documentation or medical documentation (written communication) issued by the employee's/family member's health care provider to support an employee's leave request.

**Claim Form:** A form used to report a work injury or illness to an employer (DWC-1). The State of California Division of Workers' Compensation "Employees Claim Form." Access the form at: [dir.ca.gov/dwc/forms.html](http://dir.ca.gov/dwc/forms.html).

**COBRA:** The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose at their own cost to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events.

**Concurrent Leave:** Any applicable leave (e.g., sick leave, family sick leave, industrial sick leave, pregnancy and child bonding leave, personal disability leave, etc.) that will be applied to an employee's FMLA/CFRA/PDL leave and counted towards their leave entitlement.

**Direct Bill Service:** Third Party Administrator who provides services for employees who are on approved unpaid leaves of absence, who wish to maintain continuity of their medical, dental, vision, health care flexible spending accounts, and optional life insurances during their unpaid leave of absence.

**Eligible Employee:** A full- or part-time employee with more than 12 months of County of Ventura service and who has worked (within the meaning of the Fair Labor Standards Act, 29 CFR Part 785) at least 1,250 hours during the 12-month period immediately preceding the date the FMLA/CFRA leave is to commence.

**Essential Job Functions:** Core functions of a job, without which the job outcome could not be achieved, and these elements cannot be reassigned to other workers.

**Fair Employment and Housing Act (FEHA):** A state law administered by the Civil Rights Department that prohibits discrimination against disabled persons. In some respects, FEHA is more protective of employees than the federal Americans with Disabilities Act (ADA).

**Health Insurance Portability and Accountability Act (HIPAA):** HIPAA is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

**Leave:** The County of Ventura Personnel Rules & Regulations define a Leave of Absence as, “An authorized absence from duties with or without pay.” Employees must apply for a leave for any absence of more than three workdays, unless the absence is due to a pre-approved vacation.

**Maximum Medical Improvement (MMI):** Maximum Medical Improvement (MMI) is defined as the point at which an injured worker's medical condition has stabilized and further functional improvement is unlikely, despite continued medical treatment or physical rehabilitation.

**Reasonable Accommodation:** Under the federal Americans with Disabilities Act (ADA) and California’s Civil Rights Department (CRD), an employee may need an accommodation to perform the essential functions of the job. Reasonable accommodation may include but is not limited to making existing facilities readily accessible, job restructuring, modifying work schedules, re-assignment to a vacant position, acquiring or modifying equipment or devices.

# Appendix A

# FAMILY CARE & MEDICAL LEAVE & PREGNANCY DISABILITY LEAVE



Civil Rights  
Department  
STATE OF CALIFORNIA



**Under California law, an employee may have the right to take job-protected leave to care for their own serious health condition or a family member with a serious health condition, or to bond with a new child (via birth, adoption, or foster care). California law also requires employers to provide job-protected leave and accommodations to employees who are disabled by pregnancy, childbirth, or a related medical condition.**

Under the California Family Rights Act of 1993 (CFRA), many employees have the right to take job-protected leave, which is leave that will allow them to return to their job or a similar job after their leave ends. This leave may be up to 12 work weeks in a 12-month period for:

- The employee's own serious health condition
- The serious health condition of a child, spouse, domestic partner, parent, parent-in-law, grandparent, grandchild, sibling, or someone else with a blood or family-like relationship with the employee ("designated person")
- The birth, adoption, or foster care placement of a child

If an employee takes leave for their own or a family member's serious health condition, leave may be taken on an intermittent or reduced work schedule when medically necessary, among other circumstances.

**Eligibility.** To be eligible for CFRA leave, an employee must have more than 12 months of service with their employer, have worked at least 1,250 hours in the 12-month period before the date they want to begin their leave, and their employer must have five or more employees.

**Pay and Benefits During Leave.** While the law guarantees only unpaid leave, some employers pay their employees during CFRA leave. In addition, employees may choose (or employers may require) use of accrued paid leave while taking CFRA leave in certain circumstances. Employees on CFRA leave may also be eligible for benefits administered by the Employment Development Department, including Paid Family Leave. For more information, visit [bit.ly/EDD-PFL](https://bit.ly/EDD-PFL).

Taking CFRA leave may impact certain employee benefits and an employee's seniority date. If employees want more information regarding eligibility for leave and/or the impact of the leave on seniority and benefits, they should contact their employer.

**Pregnancy Disability Leave.** When an employee is disabled by pregnancy, childbirth, or a related medical condition, the employee is entitled to take a pregnancy disability leave of up to four months, depending on their period(s) of actual disability. If the employee is also eligible for CFRA leave, they have the right to take both pregnancy disability leave and CFRA leave related to the birth of their child.

**Reinstatement.** Both CFRA leave and pregnancy disability leave guarantee reinstatement to the same position or, in certain instances, a comparable position at the end of the leave, subject to any defense allowed under the law.

**Notice.** When possible, employees must provide 30 days' advance notice before taking leave for foreseeable event, such as the expected the birth of a child or a planned medical procedure. For unforeseeable events, employees should notify their employers, at least verbally, as soon as they learn of the need for the leave. Failing to provide notice is grounds for, and may result in, deferral of the requested leave until the employee complies with this notice policy.

**Certification.** Employers may require certification from an employee's health care provider before allowing leave for pregnancy disability or for the employee's own serious health condition. Employers may also require certification from the health care provider of the employee's family member, including a designated person, who has a serious health condition, before granting leave to take care of that family member.

Want to learn more?

Visit: [calcivilrights.ca.gov/family-medical-pregnancy-leave/](https://calcivilrights.ca.gov/family-medical-pregnancy-leave/)

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If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied protected leave, file a complaint with the Civil Rights Department (CRD).

## TO FILE A COMPLAINT

**Civil Rights Department**  
[calcivilrights.ca.gov/complaintprocess](https://calcivilrights.ca.gov/complaintprocess)

Toll Free: 800.884.1684 / TTY: 800.700.2320

California Relay Service (711)

Have a disability that requires a reasonable accommodation? CRD can assist you with your complaint.

<b>COUNTY OF VENTURA</b>	<b>2018 ADMINISTRATIVE POLICY MANUAL</b>	<b>FINANCIAL MANAGEMENT CHAPTER VII (A) Expenditures &amp; Accounting</b>
Originating Agency: A-C	Last Issued/Revised  2018	<u>Policy No. Chapter VII (A) -11</u>  REIMBURSEMENT FOR OVERPAYMENTS AND UNDERPAYMENTS
Policy Change Requires:	<input type="checkbox"/> Board of Supervisors Approval <input checked="" type="checkbox"/> CEO Approval	
Forms Change Requires:	<input checked="" type="checkbox"/> CEO Approval	

## **POLICY**

The County of Ventura will, within legal limits, refund in full any overpayment received and make good on any underpayment made. The County will also demand full reimbursement for any overpayments made and demand full payment for any underpayment received. In accordance with this policy, it is the practice of the County to demand reimbursement when an employee has been overpaid. To do otherwise could be considered a gift of public funds, prohibited by the California Constitution, article 16, Public Finance, section 6, and California Government Code section 8314. County Counsel may be contacted for assistance in pursuing reimbursement. Similarly, the County will pay to an employee the amount of any underpayment.

## **PROCEDURE**

Questions regarding overpayment procedures should be directed to the Auditor-Controller's Office.

1. Identification of the Overpayment – When an agency determines an overpayment on wages or incentives has occurred, it is the responsibility of the department to notify the employee.

If the overpayment is detected at the time of distribution of pay checks, the agency or department must notify the employee of the overpayment and advise the employee of the corrective action that will be made in the following pay period as a timecard adjustment.

For overpayments identified after payroll distributions, the agency must immediately notify the employee of the overpayment situation and any action involving future pay that will occur (for example, stopping an incentive payment) and advise that the employee will be requested to sign a repayment agreement.

2. Repayment Agreement – The agency/department will establish a repayment agreement with the employee. The repayment agreement should outline an explanation and substantiation of the overpayment, the total amount overpaid, when the repayment is to start, and the options for repayment. The agreement must include a statement to cover withholding final amounts due in the event the employee leaves employment with the

County and state that, should the final amount withheld be insufficient to satisfy any outstanding debt, the employee is personally liable for submitting a final payment to the County for any remaining balance due. The overpayment must be substantiated with payroll records (copies of payroll advices and/or registers, master files, or appropriate files for type of overpayment). The repayment agreement must be sent within 10 working days after initial communication to the employee.

The general policy is to allow the employee to make the repayment over the same number of pay periods over which the overpayment was made. (Example: If the overpayment took place for five pay periods, then the repayment should be spread over five pay periods). The employee may agree to an accelerated repayment period. Employee claims of financial hardship resulting in diminished repayment agreements should be addressed with the Auditor-Controller's Office.

However, it is preferred that repayments be made during the same calendar year in which the overpayment occurred so that such repayments may offset current earnings for income tax purposes. Under Internal Revenue Service regulations, overpayments not repaid in the same calendar year remain taxable to the employee in the year received. Repayments made after the calendar year in which the overpayments were received may not be used to offset earnings and are only allowed by the IRS as a deduction after taxes. (Employees should seek corrective action on their personal income tax return). Note the IRS and Franchise Tax Board will not refund deposits associated with these payments to the County.

In certain cases, an employee may be allowed to write a personal check for the overpayment. To assure the proper amount is paid, lump sum payment needs to be coordinated with the Auditor-Controller's Office. Depending on the timing and distribution of amounts withheld, lump sum amounts may require an amount more than net pay and may result in more than gross pay.

All signed repayment agreements should be forwarded to the Auditor-Controller's Office at least five working days before the effective date of the deduction. The department should maintain a copy. The payroll system can accommodate the tracking of automatic deduction and unpaid balance for amounts after tax.

3. Follow-up Notices to Employee – In most cases, employees will generally negotiate and sign the repayment agreement. Agency/department staff will work with the employee in answering any questions and provided documentation, as requested.

A second notice should be sent to employees who have not responded within 30 days. The notice should clearly state that it is the "second notice" and that the employee has a specific date to respond (usually 30 days later) before the matter is referred to the Auditor-Controller's Office and County Counsel for further action.

4. Referral to Auditor-Controller/County Counsel – If the employee fails to respond by the specified date indicated in the second notice, all correspondence and documentation

supporting the overpayment should be forwarded to the appropriate office as described below.

Amounts not Exceeding \$5,000 – For amounts not exceeding \$5,000, the Auditor-Controller's Office will notify the employee of the referral and provide final written notice before a small claims action is filed. The Auditor-Controller's Office will file the necessary paperwork for the small claims action and will notify the agency/department of the court assigned date. A representative from the agency/department will need to assist in the small claims action.

Amounts of \$5,000 or more – For amounts of \$5,000 or more, all correspondence and documentation supporting the overpayment should be forwarded to County Counsel for action, with a copy to the Auditor-Controller's Office.

5. Collection – With the exception of the timecard adjustment to correct an overpayment in the pay period following the overpayment and after notifying the employee, only a signed repayment agreement or a court judgment in favor of the County will serve as a basis for withholding from an employee's future pay check.

# Employee Assistance Program (EAP)



COUNTY of VENTURA



## Contact Information

(805) 654-4327

950 County Square Drive,  
Suite 200, Ventura, CA 93003

(Located in the Lincoln's Inn building,  
next to Tutor Time)

Monday – Friday  
8:00 am – 5:00 pm

(Some after-hours appointments  
may be available)

## Program Services

- Mental Health Assessment & Referral
- Anxiety/Depression/Trauma Treatment
- Workplace Matters/Job Jeopardy
- First-Responder Support
- Stress Management & Burnout
- Grief & Loss
- Relationship & Marital Concerns
- Addiction/Substance Abuse
- Parenting & Educational Concerns

EAP psychotherapists are trained in a variety of modalities including cognitive behavioral therapy, mindfulness, stress reduction, workplace performance, parenting, somatic therapy and more.



## What is the EAP?

The **Employee Assistance Program (EAP)** provides free and confidential counseling to you and your family to help resolve problems that may impact your health and well-being. The EAP is staffed by licensed mental health professionals with experience in areas such as coping with personal crisis, grief, marriage/family concerns, challenges at work, medical disorders, addiction issues and other mental health concerns. EAP services are short-term and focus on stabilization, support, problem-solving, and seeking additional resources and referrals.

## EAP Services are Confidential

**From the point of your initial call, services at the EAP are confidential**, guided by legal and ethical policies to protect your privacy. Information shared with the EAP will not be disclosed to anyone without your permission and written consent. This includes your employer.

**The EAP is a free service available to County employees and dependents enrolled in a County-sponsored medical plan or opt-out plan. EAP is a short-term service (approximately 5-8 sessions).**

## Remember, EAP Services are:

- ✓ Free
- ✓ Confidential
- ✓ Available to you and eligible family members

## Need Help Now?



**Mental Health Crisis Line: Call or Text 988**



**24/7 Information Referral Line: Call 211 or visit [211ventura.org](http://211ventura.org)**

**Learn More: [shorturl.at/Ztc5f](http://shorturl.at/Ztc5f)**



# Employee Assistance Program (EAP)



COUNTY of VENTURA



## Información de contacto

(805) 654-4327

950 County Square Drive,

Suite 200, Ventura, CA 93003

(Ubicado en el edificio Lincoln's Inn,  
junto a Tutor Time)

Lunes a viernes

8:00 a. m. – 5:00 p. m.

(Algunas citas fuera del horario regular  
pueden estar disponibles)

## Servicios del programa

- Evaluación de salud mental y referencias
- Tratamiento de ansiedad/depresión/trauma
- Asuntos laborales/riesgo laboral
- Apoyo a primeros respondedores
- Manejo del estrés y agotamiento
- Duelo y pérdida
- Preocupaciones en relaciones y matrimonio
- Adicción y uso de sustancias
- Preocupaciones sobre crianza y educación

Los psicoterapeutas del EAP están capacitados en varias modalidades, incluyendo terapia cognitivo conductual, atención plena, manejo del estrés, desempeño laboral, crianza, terapia somática y más.



Employee Assistance Program

## ¿Qué es el EAP?

El Programa de Asistencia al Empleado (EAP) ofrece consejería gratuita y confidencial para usted y su familia, ayudando a resolver problemas que afectan su salud y bienestar. El EAP cuenta con profesionales con licencia y experiencia en crisis personales, duelo, relaciones familiares o de pareja, problemas laborales, trastornos médicos, adicciones y otras preocupaciones emocionales. Los servicios son a corto plazo y se enfocan en la estabilización, apoyo, solución de problemas y referencias a recursos adicionales.

## Los servicios de EAP son confidenciales

Desde su llamada inicial, los servicios del EAP son confidenciales, guiados por políticas legales y éticas que protegen su privacidad. Nada se compartirá sin su permiso por escrito. Esto incluye a su empleador.

El EAP es un servicio gratuito disponible para empleados del Condado y sus dependientes inscritos en un plan médico patrocinado por el Condado o un plan de exclusión. El EAP es un servicio a corto plazo (entre 5 a 8 sesiones).

## Servicios del EAP son:

- ✓ Gratuito
- ✓ Confidencial
- ✓ Para usted y familiares elegibles

## ¿Necesita ayuda ahora?



Línea de crisis de salud mental: Llame o mande mensaje al 988



Información y referencias 24/7: Llame al 211 o visite [211ventura.org](http://211ventura.org)

Más información: [shorturl.at/Ztc5f](http://shorturl.at/Ztc5f)



# Your Employee Rights Under the Family and Medical Leave Act

## What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

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

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

## Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

## How do I request FMLA leave?

Generally, to **request FMLA leave you must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

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.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

## What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

## Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR



# LEAVE FROM WORK AFTER A REPRODUCTIVE LOSS



Civil Rights  
Department  
STATE OF CALIFORNIA

## FACT SHEET

The Fair Employment and Housing Act (FEHA), enforced by the Civil Rights Department (CRD), protects the right of most California employees to take up to five days of leave from work after a reproductive loss. This fact sheet discusses who is eligible to take reproductive loss leave, when they can take it, how much leave is available to them, and whether they can get paid while they are out. It also covers protections against retaliation related to reproductive loss leave and what an employee can do if their employer does not follow the law. For more information, see [Government Code section 12945.6](#).

## DEFINITIONS

A reproductive loss event is any of the following:

- Miscarriage
- Stillbirth
- Failed adoption – for example, if a birth mother or legal guardian breaches or dissolves an adoption agreement, or if an adoption is not finalized for another reason
- Failed surrogacy – for example, if a surrogate breaches or dissolves a surrogacy agreement, or if an embryo transfer fails
- Unsuccessful assisted reproduction – for example, a failed intrauterine insemination or embryo transfer

## ELIGIBILITY

- Employees who work for public employers of any size – or private employers with five or more employees – and have worked for the employer for at least 30 days before taking leave are eligible.
- An employee can take leave following their own reproductive loss event or that of another person – such as a spouse or

partner – if the employee would have been the parent of the child born or adopted.

- It is against the law for an employer to interfere with or deny an employee's right to take leave after a reproductive loss if they meet the above criteria.

## TIMING AND DURATION OF LEAVE

The law requires employers to provide eligible employees with a minimum of five days of leave for a reproductive loss event. Employees can, but do not have to, take their leave days consecutively. This means they can choose to take all five days at once or break up the days over a longer period, as long as their leave is completed within three months of the reproductive loss event.

If an employer has an existing leave policy that applies to reproductive loss events, the employee must take reproductive loss leave according to that policy. An employer's policy may provide for more leave than the legally required minimum.

When a single reproductive loss event occurs over several days, the law treats it as one event.

If an employee experiences more than one reproductive loss event in a year, they are entitled to no more than 20 days of reproductive loss leave in that one-year period unless an individual employer's leave policy provides for more time.

Reproductive loss leave is separate from, and in addition to, other types of leave to which employees are entitled. Examples include, leave to care for one's own serious health condition or that of certain family members available under the California Family Rights Act ([CFRA](#)) and Family and Medical Leave Act (FMLA), or leave for disabilities related to [pregnancy or childbirth](#) available under FEHA. If an employee is on

# REPRODUCTIVE LOSS LEAVE



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another type of leave during the reproductive loss event, they can take reproductive loss leave within three months of finishing the other form of leave.

## PAY DURING REPRODUCTIVE LOSS LEAVE

Some employers have paid leave policies that cover reproductive losses. Employers that do not have an applicable paid leave policy must let employees use any available vacation time, sick days, personal days, or PTO to cover their reproductive loss leave so they can get paid. Otherwise, reproductive loss leave may be unpaid.

## RIGHT TO CONFIDENTIALITY

In general, employers are required to keep confidential any information an employee provides when exercising their right to reproductive loss leave. Employers are, however, allowed to disclose this information when required by law or to internal personnel or legal counsel when necessary. The law does not require an employee to submit documentation in support of their leave request.

## UNLAWFUL RETALIATION

It is against the law for an employer to retaliate against an employee who exercises their right to reproductive loss leave. This means an employer cannot fire, demote, fine, suspend, discipline, or otherwise discriminate against someone for requesting or taking reproductive loss leave.

In addition, an employer cannot retaliate against an employee for testifying about their own – or someone else's – reproductive loss leave during a legal proceeding involving this right.

## FILING A COMPLAINT

If an employee thinks their employer violated their right to reproductive loss leave, or retaliated against them in relation to this type of leave, they have three years to file a complaint with CRD. CRD will issue a right-to-sue so the employee can pursue their case in civil court. They cannot file an employment discrimination lawsuit in court without receiving a right-to-sue from CRD. CRD may also investigate the complaint.

If, after an investigation, CRD finds reasonable cause that the employer broke the law, it may require the parties to go to mediation in order to try reach a settlement and, if the complaint can't be settled, CRD may file a lawsuit on behalf of the employee. Possible remedies include:

- Forcing the employer to change its policies or practices
- Getting the worker hired or re-hired
- Requiring the employer to undergo training
- Damages (money) for emotional distress

An employee can file a complaint in one of three ways:

- Online by creating an account and using our interactive [California Civil Rights System \(CCRS\)](#)
- By mail using a printable [intake form](#)
- By calling our communication center at 800.884.1684 (Toll Free), 800.700.2320 (TTY), or California's Relay Service at 711

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CRD can provide reasonable accommodations for people with disabilities during the complaint process.

For translations of this guidance, visit: [calcivilrights.ca.gov/posters/employment](https://calcivilrights.ca.gov/posters/employment)

# SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS

## NOTICE



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**Note:** Employers must provide this information to workers when hired, annually, upon request, and to any worker who informs the employer that they are a victim of violence or the family member of a victim of violence. Victims of violence include victims of domestic violence, sexual assault, stalking, violent threats, acts involving the use or presence of a dangerous weapon, or any violence causing injury.

## YOUR RIGHT TO TAKE TIME OFF

- You have the right to take time off work for jury service or to appear in court as a witness to comply with a subpoena or court order. All employees have this right, no matter the size of the employer.
- If you are a victim of violence, you have the right to take time off work to get relief (like a restraining order) to protect you or your child's health, safety, or welfare. All employees have this right, no matter the size of the employer.
- If you are a victim of violence or the family member of a victim of violence, and your employer has 25 or more workers, you have the right to take time off work for any of the following reasons:
  - To take part in safety planning or other actions to help keep you or your family member safe from future violence
  - To prepare for, participate in, or attend civil, administrative, or criminal legal proceedings, such as a court hearing, related to the violence
  - To seek, get, or provide childcare or care to a dependent adult if the care is necessary to keep the child or adult safe after an act of violence
  - To care for a family member recovering from injuries caused by violence
  - To get, or help a family member get, the following services relating to the violence: civil or criminal legal services; a restraining order or other relief; medical attention for injuries; services from a domestic violence shelter or program, rape crisis center, or victim services organization or agency; psychological counseling; mental health services; or housing, including relocating, securing temporary or permanent housing, and enrolling children in a new school or childcare
- If you are a victim of violence or the family member of a deceased victim of violence, you can take up to 12 weeks off work for any of these reasons. If you are the family member of a living victim of violence but are not yourself a victim, you may take up to 10 days off work for these reasons, with the exception of relocation, for which you can take up to five days.
- You may use available vacation, paid time off, personal leave, or paid sick leave to take time off for any of the reasons described in this notice.
- You must give your employer advance notice before taking time off, unless it is not possible. If you do not give advance notice, your employer cannot discipline you if you provide documentation to the employer within a reasonable time supporting the reason for your absence.

## YOUR RIGHT TO CONFIDENTIALITY

- If you are a victim or the family member of a victim, your employer must keep information about your request for time off or reasonable accommodation confidential unless federal or state law requires disclosure, or disclosure is necessary to protect your safety at work. If your employer plans to disclose information about you or your circumstances, your employer must tell you in advance.

# SURVIVORS OF VIOLENCE AND FAMILY MEMBERS OF VICTIMS RIGHT TO LEAVE AND ACCOMMODATIONS



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## NOTICE

### YOUR RIGHT TO REASONABLE ACCOMMODATION FOR YOUR SAFETY

- If you or your family member is a victim of violence, you have the right to ask for a reasonable accommodation to make sure you are safe at work. Your employer must work with you to see what changes can be made.
- Your employer can ask you for a statement certifying that your request is related to being a victim or the family member of a victim.

### YOUR RIGHT TO BE FREE FROM RETALIATION AND DISCRIMINATION

Your employer cannot discipline you, treat you differently, or fire you because:

- You are a survivor or the family member of a victim or survivor of domestic violence, sexual assault, stalking, violent threats, or violence causing injury.
- You asked for time off work to recover from or get help related to the violence.
- You asked for accommodations to make sure you are safe at work.

### YOU MAY ALSO HAVE PROTECTIONS UNDER OTHER LAWS:

- **Wage Replacement:** You may be eligible for wage replacement if you are unable to work because of your health or because you need to care for a family member with a serious health condition. **State Disability Insurance (SDI)** provides short-term wage replacement when you are temporarily disabled from working. **Paid Family Leave (PFL)** provides short-term wage replacement so you can care for a seriously ill family member, among other reasons. Learn more or file a claim for wage replacement by contacting the Employment Development Department (EDD) online (<https://edd.ca.gov/>) or by phone at 800-480-3287 (for SDI) or 877-238-4373 (for PFL).

- **Family and medical leave:** Under the California Family Rights Act, you may have the right to take time off work for your own or a family member's serious health condition or because of the birth, adoption, or foster care placement of a child. Learn more about family and medical leave by visiting [bit.ly/CRD-leave](http://bit.ly/CRD-leave). You can file a complaint with CRD if you believe your rights have been violated.
- **Bereavement leave:** Bereavement leave allows eligible employees to take up to five days off work within three months of the family member's death. Leave does not need to be taken all at once. Learn more about bereavement leave protections by visiting [bit.ly/CRD-Bereavement](http://bit.ly/CRD-Bereavement). You can file a complaint with CRD if you believe your rights have been violated.
- **Leave to attend court for certain crimes:** If you are a victim of certain crimes or the family member of a victim of certain crimes, you have the right to take time off work to attend related court proceedings under Labor Code sections 230.2 and 230.5. You can learn more information or file a complaint with the Labor Commissioner's Office within the Department of Industrial Relations by visiting [bit.ly/DIR-Retaliation](http://bit.ly/DIR-Retaliation).

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### TO FILE A COMPLAINT

Contact the Civil Rights Department if you have questions about your rights or to file a complaint:

#### Civil Rights Department

Online at <http://ccrs.civilrights.ca.gov/s/>

By mail at 651 Bannon Street, Suite 200,  
Sacramento, CA 95811

By calling 800-884-1684 (voice), 800-700-2320  
(TTY), or California's Relay Service at 711

# PREGNANCY DISABILITY LEAVE

## FACT SHEET



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The Fair Employment and Housing Act (FEHA), enforced by the California Civil Rights Department (CRD), contains provisions guaranteeing leave for employees disabled by pregnancy, childbirth, or a related medical condition (Pregnancy Disability Leave or PDL).

All employers must provide information about PDL to their employees and post information about pregnancy leave rights in a conspicuous place where employees tend to gather. A poster that meets this requirement is available on CRD's "Posters, Brochures and Fact Sheets" webpage ([www.calcivilrights.ca.gov/Posters/](http://www.calcivilrights.ca.gov/Posters/)). Employers who provide employee handbooks must include information about PDL in the handbook.

## LEAVE REQUIREMENTS

- An employee disabled by pregnancy, childbirth, or a related medical condition is entitled to up to four months of disability leave per pregnancy. If the employer provides more than four months of leave for other types of temporary disabilities, the same leave must be made available to employees who are disabled due to pregnancy, childbirth, or a related medical condition.
- Leave can be taken before and after birth during any period of time the employee is physically unable to work because of pregnancy or a pregnancy-related condition. All leave taken in connection with a specific pregnancy counts toward computing the four-month period.
- PDL is available when an employee is actually disabled. 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.
- PDL may be modified as an employee's changing medical condition dictates.

- PDL applies to all employers with five or more full- or part-time employees. Other than having a qualifying pregnancy-related disability, there are no tenure, hours, other eligibility requirements, and full- and part-time employees are treated the same.

## EMPLOYEE'S OBLIGATIONS

- If possible, an employee must provide their employer with at least 30 days' advance notice of the date for which the pregnancy disability leave is sought and the estimated duration of the leave.
- If 30 days' advance notice is not possible due to a change in circumstances or a medical emergency, notice must be given as soon as practicable.
- The employer may require written certification from the health-care provider of the employee seeking PDL 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 PDL

- An employer may require an employee to use accrued sick leave during any unpaid portion of their pregnancy disability leave. The employee may also choose to use vacation leave or other accrued paid leave to receive compensation for which the employee is eligible, but an employer may not require an employee to use vacation leave or other accrued time off during PDL.
- Your employer must pay for the continuation of your group health benefits if your employer normally pays for those benefits.
- An employee who is disabled by pregnancy may qualify for State Disability Insurance wage replacement while the employee is unable to work. In a normal pregnancy, a worker will typically be disabled 4 weeks before the expected due date and 6 weeks after for a vaginal birth or 8 weeks after for a cesarean section. For more information, visit: [www.edd.ca.gov/Disability/FAQ\\_DI\\_Pregnancy.htm](http://www.edd.ca.gov/Disability/FAQ_DI_Pregnancy.htm).

# PREGNANCY DISABILITY LEAVE

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## RETURN RIGHTS

- It is illegal for an employer to fire an employee because that employee is pregnant or taking pregnancy disability leave. Employers are required by law to reinstate an employee returning from PDL to the same position the employee had before taking leave, and an employee may request this guarantee in writing. In some situations, an employee may be reinstated to a position that is comparable (same tasks, skills, benefits, and pay) to the job they had before taking PDL.
- If the reinstatement date differs from the original agreement, or if no agreement was made, an employer must reinstate the employee within two business days of being given notice that the employee intends to return. When two business days are not feasible, reinstatement must be made as soon as possible to expedite the employee's return.
- However, pregnancy disability leave does not protect employees from employment actions not related to their pregnancy, such as layoffs.

## FAMILY AND MEDICAL LEAVE (NON-PREGNANCY)

- In addition to PDL, the California Family Rights Act (CFRA) requires employers of five or more employees to provide 12 weeks of job-protected leave to employees to bond with a new child (by birth, adoption, or foster placement), to care for a family member with a serious health condition, or because the employee has a serious health condition. CFRA leave is not for pregnancy-related conditions, which are covered by PDL. Employees are entitled to take CFRA leave in addition to any leave entitlement related to pregnancy. CFRA leave taken to bond with a new child must be completed within one year of the birth, adoption, or foster placement. For more information about CFRA leave, visit: [www.calcivilrights.ca.gov/family-medical-pregnancy-leave/](http://www.calcivilrights.ca.gov/family-medical-pregnancy-leave/).

- Paid Family Leave (PFL) provides benefits to individuals who need to take time off work to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or domestic partner. Benefits are also available to parents who need time to bond with a new child entering their life either by birth, adoption, or foster care placement. For more information, visit: [www.edd.ca.gov/Disability/Paid\\_Family\\_Leave.htm](http://www.edd.ca.gov/Disability/Paid_Family_Leave.htm).

## ACCOMMODATIONS WHILE WORKING

- Sometimes employees affected by pregnancy, childbirth, or related medical condition are able to keep working with a reasonable accommodation. If such an employee requests a reasonable accommodation upon the advice of the employee's health-care provider so that the employee can keep working, an employer must provide reasonable accommodation.
- For example, on the advice of a physician, an employee can request to transfer to a less strenuous or hazardous position or modified duties because of the employee's pregnancy-related condition.

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**If you have been subjected to discrimination, harassment, or retaliation at work, please contact CRD.**

## TO FILE A COMPLAINT

### Civil Rights Department

[calcivilrights.ca.gov/complaintprocess](http://calcivilrights.ca.gov/complaintprocess)

Toll Free: 800.884.1684

TTY: 800.700.2320

California Relay Service (711)

Have a disability that requires a reasonable accommodation? CRD can assist you with your complaint.

For translations of this guidance, visit:

[www.calcivilrights.ca.gov/posters/employment](http://www.calcivilrights.ca.gov/posters/employment)



# YOUR RIGHTS UNDER USERRA

## THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

**USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.**

### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

### HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

### ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <https://www.dol.gov/agencies/vets/>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra>
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <https://www.dol.gov/agencies/vets/programs/userra/poster> Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



**U.S. Department of Labor**  
1-866-487-2365



**U.S. Department of Justice**



**Office of Special Counsel**



**1-800-336-4590**

Publication Date — May 2022



## Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

**Medical Care:** Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

**The Primary Treating Physician (PTP)** is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

### **Switching to a Different Doctor as Your PTP:**

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

**Atención Médica:** Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

**El Médico Primario que le Atiende (Primary Treating Physician- PTP)** es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

### **Cambiando a otro Médico Primario o PTP:**

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

**Disclosure of Medical Records:** After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

**Problems with Medical Care and Medical Reports:** At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

**Payment for Temporary Disability (Lost Wages):** If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

**Stay at Work or Return to Work:** Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

**Payment for Permanent Disability:** If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

**Supplemental Job Displacement Benefit (SJDB):** If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

**Death Benefits:** If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

**Divulgación de Expedientes Médicos:** Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

**Problemas con la Atención Médica y los Informes Médicos:** En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

**Pago por Incapacidad Temporal (Sueldos Perdidos):** Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

**Permanezca en el Trabajo o Regreso al Trabajo:** Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

**It is illegal for your employer** to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Resolving Problems or Disputes:** You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at [www.edd.ca.gov](http://www.edd.ca.gov).

**You Can Contact an Information & Assistance (I&A) Officer:** State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

**You can consult with an attorney.** Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Learn More About Workers' Compensation:** For more information about the workers' compensation claims process, go to [www.dwc.ca.gov](http://www.dwc.ca.gov). At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

**Pago por Incapacidad Permanente:** Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

**Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDDB):** Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

**Beneficios por Muerte:** Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

**Es ilegal que su empleador** le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

**Resolviendo problemas o disputas:** Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en [www.edd.ca.gov](http://www.edd.ca.gov).

**Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A):** Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov) o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

**Ud. puede consultar con un abogado.** La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en [www.californiaspecialist.org](http://www.californiaspecialist.org).

**Aprenda Más Sobre la Compensación de Trabajadores:** Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a [www.dwc.ca.gov](http://www.dwc.ca.gov). En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

**Employee—complete this section and see note above**

**Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* \_\_\_\_\_ Today's Date. *Fecha de Hoy.* \_\_\_\_\_
  2. Home Address. *Dirección Residencial.* \_\_\_\_\_
  3. City. *Ciudad.* \_\_\_\_\_ State. *Estado.* \_\_\_\_\_ Zip. *Código Postal.* \_\_\_\_\_
  4. Date of Injury. *Fecha de la lesión (accidente).* \_\_\_\_\_ Time of Injury. *Hora en que ocurrió.* \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
  5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* \_\_\_\_\_
  6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* \_\_\_\_\_
  7. Social Security Number. *Número de Seguro Social del Empleado.* \_\_\_\_\_
  8.  Check if you agree to receive notices about your claim by email only.  *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. \_\_\_\_\_ *Correo electrónico del empleado.* \_\_\_\_\_
- You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* \_\_\_\_\_

**Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.**

10. Name of employer. *Nombre del empleador.* \_\_\_\_\_
11. Address. *Dirección.* \_\_\_\_\_
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* \_\_\_\_\_
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* \_\_\_\_\_
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* \_\_\_\_\_
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* \_\_\_\_\_
16. Insurance Policy Number. *El número de la póliza de Seguro.* \_\_\_\_\_
17. Signature of employer representative. *Firma del representante del empleador.* \_\_\_\_\_
18. Title. *Título.* \_\_\_\_\_
19. Telephone. *Teléfono.* \_\_\_\_\_

**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- Employer copy/Copia del Empleador  Employee copy/Copia del Empleado  Claims Administrator/Administrador de Reclamos  Temporary Receipt/Recibo del Empleado