NOTICE OF LEAVE OF ABSENCE FOR TEMPORARY DISABILITY INDEMNITY PAYMENT (FORM 29) GENERAL INFORMATION

The following steps must have occurred prior to processing your Form 29 request:

- 1. Report your injury/illness to a Supervisor/Manager.
- 2. Complete and submit a DWC1-"Employee's Claim for Workers' Compensation Benefits" form.
- 3. Complete and submit a "Request for Leave of Absence" form.
- 4. Provide medical documentation for the period of leave and any extensions.

Your department will complete a 5020 "Employers Report of Occupational Injury/Illness" form based on information provided on the DWC1 form. All forms will then be forwarded to the Human Resources, Risk Management Division. Workers' compensation indemnity payments will begin when your claim is approved by San Joaquin County's Third Party Administrator.

Effective 1/1/2005, Employees will have the following options. Please read carefully:

When an employee files a claim for workers' compensation, the Third Party Administrator (TPA) will have a period of time in which to accept, deny or delay a claim. By policy and practice, Workers' Compensation Leave runs concurrently with Family Medical Leave Act (FMLA), which provides 12 weeks of medical leave benefits for an injury/illness for eligible employees. The employee will have the following options to use leave accruals during this "determination period" and following the approval of the claim.

80 hours

Employee may elect to use 80 hours (or regular work schedule) of leave accruals per pay period, which will provide a regular paycheck and continue employee and dependent health insurance coverage. If the worker's compensation claim is approved, employee will receive a partial reimbursement of leave accruals based on the indemnity payment determined by the TPA.

41 hours

Employee may elect to use 41 hours of leave accruals per pay period, which will provide a partial paycheck and continue employee and dependent health insurance coverage. If the workers' compensation claim is approved, employee will receive a partial reimbursement of leave accruals and a partial amount of the indemnity payment determined by the TPA.

0 hours

As a Workers' Compensation applicant, you also have the option of using zero hours. If your workers' compensation claim is denied, this may impact your seniority hours.

Eligible for FMLA

If eligible, health insurance coverage for employee will continue for up to 12 weeks. To continue dependent health insurance coverage, employee should contact Human Resources Benefits Section for employee's portion of premium amount. If the employee elects this option they will be placed on an FMLA-Leave of Absence without pay.

Not Eligible for FMLA

Employee and dependent health insurance coverage will terminate. To continue health insurance coverage, employee should contact Human Resources Benefits Section for information on over-the-counter payment. If the employee elects this option they will be placed on a Medical Leave of Absence without pay.

If the workers' compensation claim is approved, employee will receive a temporary disability indemnity payment for the period and amount determined by the TPA. At that time, employee's health insurance coverage will be reinstated and continuation of dependent health insurance coverage will require an over-the-counter payment to the Human Resources Benefits Section. Employee's leave status will be changed to a Workers' Compensation Leave, which will also adjust seniority hours and leave accruals approved by the TPA.

Retirement Contributions

Contributions towards retirement are based on hours on payroll per pay period. If using less than 80 hours (or regular work schedule) of leave accruals per pay period, contact the San Joaquin County Employee's Retirement Association for information regarding the effect on retirement service credit.

| I certify that I have read and understand the above information. | | | | |
|--|---------|--|--|--|
| Employee Signature: | Date: | | | |
| Print Employee Name: | EE ID#: | | | |

NOTICE OF LEAVE OF ABSENCE FOR TEMPORARY DISABILITY INDEMNITY PAYMENT

| Name: | | | Date: | | |
|--|---|---------------|---|--|--|
| Home Address: | | City: | Zip Code: | | |
| | Department: Division: | | H T. I I | | |
| Title: | | EE ID#: | Home Telephone: | | |
| injury or illness. The date | e of your injury or illness was | and you have | nnity payments as a result of an on-the-job been off work since . Please department with a Request for Leave of | | |
| WORKERS' COMPENSATION LEAVE | Workers' Compensation leave runs concurrently with Family Medical Leave Act (FMLA). Eligible employees are entitled to 12 weeks of FMLA. After the 12 weeks, if the employee is not released to return to work full duty, workers compensation temporary disability will continue if eligible. Employee must complete a Request for Leave of Absence (RLOA) and Employee's Claim for Workers' Compensation Benefits (DWC1) forms with their department. | | | | |
| WORKERS' COMPENSATION BENEFIT PAYMENT OPTION (See cover page for additional information) | Employee submitting a claim for Workers Compensation Temporary Disability Indemnity payments may elect to use one of the following increments of leave accruals per pay period. The MOU requires sick leave accruals used first. If this is exhausted, employee may elect to use the following: 80 hours (regular work schedule) 41 hours 0 hours (off payroll) I want to use accrued: Sick Vacation Holiday Compensatory I do not want to use any of the above and elect to receive a temporary disability indemnity payment when my claim is approved. (Mark 0 hours, off payroll above). | | | | |
| HEALTH INSURANCE PREMIUMS | The County will continue to pay health and life insurance premiums for employees (but not for dependents) while employees are receiving temporary disability indemnity payments. Employee may continue dependents' health coverage during the time they are receiving temporary disability indemnity payments by paying the premiums in advance to the Human Resources, Benefits Division. Dependents health coverage will continue if you are using 41 hours or more of leave accruals. | | | | |
| RETURN FROM WORKERS' COMPENSTION LEAVE | The employee must present to their department a medical clearance from their physician to return to work. | | | | |
| NOTICE | When Temporary Disability Indemnity payments are <u>discontinued</u> and all leave accruals have been exhausted, and the employee has <u>not</u> received a medical clearance from their physician to return to work, the employee shall apply for a leave of absence without pay. During leave of absence without pay the employee is responsible for health insurance premium payments. Contact the Human Resources, Benefits Division for more information on continuation of health insurance benefits. While on a leave of absence without pay, employee does not accumulate leave accruals. I certify that I have read the above information. | | | | |
| I certify that I hav | ve read the above information. | Signature of | Employee | | |
| FOR DEPARTMENT USE ONLY | | | | | |
| Date | | Appointing Au | thority or Designated Representative | | |
| FOR HUMAN RESOURCES USE | | | | | |
| Distribution: Original: Copy: | HR/Risk Management Employee's Dept & Timekee | | man Resources Form #29 (Revised 10/04) | | |