

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

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

- Report your injury/illness to a supervisor/manager.
- A completed claim packet must be submitted to Risk Management. Forms include:
  - Employee's Claim for Workers' Compensation Benefits form (DWC-1)
  - Employer's Report of Occupational Injury/Illness form (5020)
  - o Supervisor's Report of Accident
- If you are losing time from work due to the incident, you must complete and submit a "Request for Leave of Absence" form to your department.
- If you are losing time from work due to the incident, you are responsible for providing medical documentation to the department for the period of leave and any extensions.

## 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 related leaves of absence run concurrently with Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA), which provides 12 weeks of protected leave from work.

Employees with an <u>approved</u> workers' compensation claim, are off work due to the work injury, and authorized to receive temporary disability (TD) payments, will continue to accrue seniority, vacation, holidays, and sick leave.

TD payments will begin if your claim is approved by San Joaquin County's claim administrator (TPA). An employee who has filed a workers' compensation claim will have the following options specific to use of leave accruals while off work due to work related injury/illness.

## 80 hours

- Employees may elect to use 80 hours of leave accruals per pay period. This provides a regular paycheck to the employee
- Deductions continue, including the employee's cost share for health insurance for self and dependents (if any)
- Retirement contributions continue as normal
- If the claim is approved, the employee will receive a partial time reimbursement of leave accruals based on the TD payment determined by the TPA

## 41 hours

- Employees may elect to use 41 hours of leave accruals per pay period. This will provide a 41-hour paycheck to the employee
- Deductions continue, including the employee's cost share for health insurance for self and dependents (if any)
- Retirement contributions are pro-rated to 41 hours
- If the claim is approved, the employee will receive a partial time reimbursement of the 41 hours of leave accruals based on the TD payment determined by the TPA
- If the claim is approved, the employee will also receive a partial TD payment (TD check is mailed)

#### 32 hours (SEIU members ONLY. Effective 10/24/22)

- **(SEIU members only)** Employees may elect to use 32 hours of leave accruals per pay period. This will provide a 32-hour paycheck to the employee
- Deductions continue. However, deductions for the employee's cost share for health insurance for self and dependents (if any) may be impacted if there is not enough wages to cover the cost. Employees who choose to use 32 hours <u>must contact</u> the HR Benefits Unit to determine whether separate payment is necessary to continue insurance coverages. (HR Benefits Unit 209-468-9987)
- Retirement contributions are pro-rated to 32 hours
- If the claim is approved, the employee will receive a partial time reimbursement of the 32 hours of leave accruals based on the TD payment determined by the TPA
- If the claim is approved, the employee will also receive a partial TD payment (TD check is mailed)

#### 0 hours

- Employees who have filed a workers' compensation claim have the option of using zero (0) hours.
- Employees electing not to use time or have no accruals to use, will only receive TD payment determined by the TPA
- Workers' compensation TD checks are mailed to the employee and cannot be direct deposited
- Because payments are not generated out of payroll, it is important to be aware of the following:
  - No deductions are taken out of TD checks (i.e. insurances, retirement, loan payments, etc.)
  - Arrangements must be made with HR Benefits to continue payments for insurances
    - FMLA/CFRA eligible employees applicable cost share will be applied to employee and dependent coverage
    - NON FMLA/CFRA eligible employees applicable cost share will be applied to the employee only.
       Dependent coverage is at 100% cost for the employee

#### **NOTE: Employees using less than 80 hours**

Because deductions vary from employee to employee, having less than an 80-hour paycheck may not be enough to cover all deductions. For example, some employees have loan payments automatically deducted from their checks, along with gym membership fees, etc. These deductions are in addition to deductions for taxes, insurances, etc. As such, it is the employee's responsibility to review their paycheck stub to determine what needs to be paid. It is the employee's responsibility to make the necessary arrangements to continue payments with each respective agency.

#### When temporary disability (TD) indemnity payments end:

- If you are still off work and workers' compensation has ended your TD payments, please be aware that your department will revert to using your applicable leave accruals to provide you wages
- Employees should contact their department about use of accruals when TD payments have ended
- All leave accruals must be exhausted before taking leave without pay
- Employees should contact HR Benefits Unit to discuss insurance coverage status

#### **Retirement Contributions**

Contributions towards retirement are <u>based on hours on payroll per pay period</u>. If using less than 80 hours of leave accruals per pay period, the employee may consider contacting the San Joaquin County Employee's Retirement Association (SJCERA) for information regarding the effect on retirement service credits. SJCERA can be reached at 209-468-2163.

Resources: Dept Payroll Contact:	Phone:		
Risk Management: 209-468-3370 or sicriskmgmt@sigov.org Benefits: 209-468-9987 or hr-benefits@sigov.org SJCERA: 209-468-2163			
I certify that I have read and understand the above information.			
Employee Signature:	Date:		
Print Employee Name:	EE ID#:		
I certify that I am a SEIU member and have the option to	use 32 hours of accruals per pay period		



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Name:	Date:
Job Class:	Dept:
Empl ID:	Division:
EE contact phone:	Sup contact phone:
or illness. The date of your injury or illness was	mporary Disability (TD) Indemnity payments as a result of an on-the-job injur and you have been off work since
Absence form	d. Sign and return it to your department with a Request for Leave of
FMLA/CFRA NOTICE: Workers' Compensation related leave runs concurrently wi (CFRA). Eligible employees are entitled up to 12 weeks of F	ith Family Medical Leave Act (FMLA) and the California Family Rights Act
	may <u>elect</u> to use one of the following increments of leave accruals per pay ninistrator or after the claim has been approved for TD benefits.
Please be aware, MOUs require sick leave accruals are to b	e used first.
80 hours 41 hours 3	2 hours (SEIU Only)
I do not want to use any accrual (0 hours) and elect to	receive TD payments only
Health Insurance: Health insurance coverage will continue for employees and hours or 41 hours per pay period.	d their dependents so long as accruals are utilized in increments of either 80
Employees who choose to use 32 hours per pay period <u>mu</u> continue health insurance coverage is necessary. (HR Bene	st contact the HR Benefits Unit to determine whether separate payment to fits Unit 209-468-9987).
Employees electing not to use accruals (0 hours) or have no health insurance coverage.	o accruals must make arrangements with HR Benefits Unit to continue
	share will be applied to employee and dependent coverage ost share will be applied to the employee only. Dependent coverage is at
<ul> <li>Return to Work:         <ul> <li>The employee must present a medical clearance for the employee must present a medical cl</li></ul></li></ul>	
I certify that I have read the above information:	
Employee Signature	 date

## FOR DEPARTMENT USE ONLY

Departr	rtment Designee Print Name	Date	
Departr	rtment Designee Signature		
Checkli	klist:		
	RLOA Form completed		
	FMLA/CFRA eligibility reviewed		
	FMLA/CFRA designated (as appropriate)		
	$\square$ Medical certification received for lost time period from work. (Workers' comp	ensation related absences do not require a	
	separate HCPC form once approved by WC.)		
	Form 29 reviewed and completed with the employee		
	Form 29 copy provided to the employee		
	☐ WC FAQ provided to the employee		
	WC claim packet with Form 29 submitted to Risk Management		