



# San Bernardino County LEAVE REQUEST FOR EXTENDED SICK AND SPECIAL LEAVE

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The Leave Request for Extended Sick and Special Leave is used when an employee requests to take a leave of absence from the County for medical or personal reasons.

## REFERENCES

Current County Memoranda of Understanding (MOU); Exempt Compensation Plan; Employment Contract

## FORMS REQUIRED

Leave Request for Extended Sick and Special Leave

## GENERAL INFORMATION

Short Term Disability (STD) – Check box if employee is applying for STD benefits.

Complete this form when an employee is off for more than three (3) consecutive days, regardless of leave usage, for the following reasons:

- ◆ Own serious health condition (non-work related)
- ◆ Occupational injury/illness
- ◆ Pregnancy - before employee goes on leave (if possible)
- ◆ Care for child/spouse/domestic partner/parent for a serious health condition
- ◆ Care for other family member for a serious health condition
- ◆ Birth of a child and care of a newborn child
- ◆ Placement of a child with you for adoption or foster care
- ◆ Military leave
- ◆ Educational leave
- ◆ Leave With Right to Return
- ◆ Leave Without Right to Return
- ◆ Medical Leave of Absence

Supervisors should complete the Leave Request for Extended Sick and Special Leave immediately upon notification of the need for an extended leave.

If the leave is for a medical reason, a doctor's off work order must be attached.

Pregnant employees: If the employee plans to request additional leave after the date on the physician's release to return to work, indicate on the Leave Request for Extended Sick and Special Leave which dates are sick leave and which dates are other leave.

In instances where the leave is for the birth or placement of a child and both parents are County employees, both employees are limited to a total of 12 weeks between them.

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## **DEFINITIONS**

### **To Be Completed by Employee**

#### **Types of Request:**

- ◆ *New* - Request is being filed for the first time
- ◆ *Continuation* - Leave is being extended
- ◆ *Revision* - Amends a Leave Request for Extended Sick and Special Leave previously submitted. For example: changing the leave request dates, type of leave requested, or number of hours requested.

#### **Reason for Leave:**

- ◆ Check appropriate box

### **To Be Completed By Supervisor**

#### **Leave Type:**

- ◆ *Sick Leave With/Without Pay* – Check applicable box. Used when an employee is off work due to their own illness or illness of a family member. Doctor's off work order or certification from health care provider must be attached.
- ◆ *Leave With/Without Pay* – Check applicable box. Used when an employee is off work for reasons other than their own illness, illness of a family member, Leave With Right to Return, Leave Without Right to Return, Military Leave, or educational leave. For example: bonding time.
- ◆ *Leave With/Without Right to Return To Position* – Check applicable box. May be granted to an employee with regular status for a period not exceeding one (1) year. The employee will be removed from the position and all benefits will be administered as if the employee has terminated. Requires Human Resources Officer (HRO) approval.
- ◆ *Military Leave* – Used when an employee is off work with or without pay on active duty in uniformed service. Military orders are required.
- ◆ *Occupational Injury/Illness* - Used when an employee is injured on the job and files a claim. Requires an Employer's Report of Occupational Injury or Illness.
- ◆ *Other* - To be used for situations not covered above such as:
  - *Leave With Right to Return* - May be granted to an employee in a regular position for a period not exceeding one (1) year. Employee will remain in the position. Requires HRO approval.
  - *Educational leave* - May be granted to an employee to engage in a relevant course of study which will enhance the employee's value to the County. Requires HRO approval.
  - *Medical Leave of Absence* - May be granted to an employee with regular status who suffers from a catastrophic illness or serious mental illness for a period not exceeding one (1) year. The employee will be removed from the position and all leave benefits shall be administered as if the employee has terminated. Requires HRO approval.

#### **Leave Begin Date:**

- ◆ Enter beginning date of leave

#### **Leave End Date:**

- ◆ Enter the last date the employee will be on leave. Do not indicate the day the employee is to return to work.

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**Check if applicable:**

- ◆ *Reduced Schedule* - If an employee's work schedule is reduced by a consistent number of hours per day, it is considered a reduced schedule and must be indicated on the form. **Must be prescribed by the health care provider.**
- ◆ *Intermittent Leave* - If an employee's work schedule is inconsistent due to medical reasons, it is considered to be intermittent leave and must be indicated on the form. **Must be prescribed by the health care provider.**

**Signature**

- ◆ *Employee* - If the employee is not available to sign the Leave Request for Extended Sick and Special Leave, write "SNA" in the employee signature box. A copy of the Leave Request for Extended Sick and Special Leave must be sent to the employee by certified mail within 48 hours of completion of the form.
- ◆ *Supervisor* – Must be signed by immediate supervisor
- ◆ *Appointing Authority or Designee* - Signature is not necessary unless required by the department
- ◆ *Human Resources Officer (HRO)* - Signature is required for Leave With or Without Right to Return, Medical Leave of Absence, or educational leave

*Refer to department guidelines for individual procedures*

**PAYROLL SPECIALIST RESPONSIBILITIES**

- ◆ Ensure the most current form has been submitted
- ◆ Audit form for completeness
- ◆ Verify STD box is checked, if applicable
- ◆ Complete appropriate JAR
- ◆ Retain copies for department file
- ◆ Forward to EBSD-Leaves Team
- ◆ Verify that EMACS has been updated to reflect the requested action

**RELATED FORMS/CHECKLISTS**

*Checklist for Extended Leave*  
*Checklist for Return from Leave*  
*Checklist for Return from Leave – With or Without Right to Return*  
*Job Action Request (JAR) Form*  
*Employee Claim Form (DWC-1)*  
*Medical Service Order Form*