

## MEDICAL EMERGENCY LEAVE (MEL) REQUEST

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	<b>Telephone</b>	<b>Last Day Worked</b>
<b>Position No.</b>	<b>Company</b>	<b>Department</b>	<b>Job Code Title</b>	

### EMPLOYEE AUTHORIZATION

I understand and agree to the following for MEL:

- a. I must have regular status or one (1) year of continuous service in a regular position with the County.
- b. I have received written authorization for an extended unpaid leave of absence for more than 30 days.
- c. I have attached a sealed envelope containing a completed Medical Emergency Leave (MEL) Attending Physician's Statement from my physician, which will only be examined by the County's Occupational Health Physician.
- d. I understand I am not eligible for MEL until all my paid leave balances have been exhausted.
- e. I have recorded at least 40 hours of sick leave without pay (80 hours for Safety & Safety Management and 112 hours for Firefighter & Fire Management) as a result of my current disability. Refer to MOU for minimum hours requirement.
- f. I have attached a completed doctor's off work order to this request. This absence is not due to a work related (occupational) injury or illness. I am not receiving Workers' Compensation benefits during this absence.
- g. Disability benefits (e.g., Short-Term Disability or State Disability) **must** be integrated with MEL according to established County administrative guidelines.
- h. I will not receive any leave accruals while on MEL.
- i. MEL payments shall not apply toward retirement credits nor will a retirement deduction be taken from the MEL.
- j. Health and dental premiums will be paid in accordance with approved MEL policy and any applicable laws.
- k. Receipt of the MEL payment shall be considered as taxable wages.
- l. I understand if I return to work with a MEL balance of more than MOU allowed, the balance will be returned to the donor(s).
- m. Donations will not be processed or paid retroactively. Once all required documentation has been received, donations will be processed prospectively.

<b>Employee Signature</b>	<b>Date</b>
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### DEPARTMENT PAYROLL SPECIALIST VERIFICATION

Paid leave balances will be exhausted on the following date:        /        /

The required number of sick leave hours without pay for this disability will be recorded on:        /        /

<b>Base Hourly Rate</b>	<b>SAP Cost Center Number</b>	<b>Internal Order</b>	<b>G/L Account</b> 51001316
<b>Payroll Specialist Name (Print &amp; Sign)</b>		<b>Telephone</b>	<b>Date</b>

### Office Use Only

<b>MEL Effective Date</b>	<input type="checkbox"/> <b>Approved</b>  <input type="checkbox"/> <b>Denied</b>	<b>Authorized Representative Signature</b>	<b>Date</b>
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<b>Reviewed By</b> <small>(Employee ID)</small>	<b>Date</b>	<b>Keyed By</b> <small>(Employee ID)</small>	<b>Date</b>
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