



San Bernardino County MEDICAL EMERGENCY LEAVE (MEL)

Medical Emergency Leave (MEL) is an approved Leave of Absence due to a verifiable long-term illness or injury which allows the employee to solicit and receive leave donations from other County employees.

REFERENCES

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

MEDICAL EMERGENCY LEAVE (MEL) REQUEST

FORMS REQUIRED

Medical Emergency Leave (MEL) Request
Medical Emergency Leave (MEL) Permission to Advertise
Medical Emergency Leave (MEL) Release of Medical Information
Medical Emergency Leave (MEL) Attending Physician's Statement
Leave Integration Request

MANDATORY FIELDS

All
All
All
All
All

GENERAL INFORMATION

This leave may be requested by any employee who has regular status or one (1) year of continuous service with the County. The employee must be on a medical leave of absence for at least 30 consecutive days, has gone without pay for at least 40 hours (80 hours for Safety and Safety Management) and has exhausted all leave balances. Employees are required to integrate Short-Term Disability (STD) with this leave. The MEL Attending Physician's Statement is used to establish MEL benefit eligibility. *Refer to appropriate MOU or Exempt Compensation Plan*

Employees who have filed a claim for occupational injury/illness or are on leave of absence due to stress are ineligible for this benefit.

Any unused MEL in excess of 176 hours shall be returned to the donor(s) in accordance with procedures established by the County.

Note: A MEL Request must be filed with EBSD-Leaves Team in order for an employee to receive MEL donations

PAYROLL SPECIALIST RESPONSIBILITIES


- ◆ Verify that the most current form has been submitted
- ◆ Audit form for completeness
- ◆ Verify employee has signed form (next of kin may sign if employee is unable)
- ◆ Complete Department Payroll Clerk Verification section of the form
- ◆ Verify a copy of the Doctor's Off Work Order for at least 30 days is attached
- ◆ Verify a sealed envelope containing a letter from the attending physician stating the diagnosis and prognosis is attached. **Note:** MEL Attending Physician's Statement
- ◆ Verify the MEL Permission to Advertise is signed and attached (Yes or No boxes must be checked)
- ◆ Verify a copy of the Leave Integration Request is attached and MEL box is checked
- ◆ Retain copies for department file

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- ◆ Forward originals to EBSD-Leaves Team

DEADLINES

Refer to Master Calendar for EMACS Processing

RELATED FORMS/PROCEDURES

Checklist for Extended Leave 

MEDICAL EMERGENCY LEAVE (MEL) PERMISSION TO ADVERTISE

FORMS REQUIRED

Medical Emergency Leave (MEL) Permission to Advertise 

MANDATORY FIELDS

All

GENERAL INFORMATION

An employee must grant or deny permission for their department to solicit leave donations on their behalf from other County employees on a voluntary and confidential basis. Types of leave that may be donated are: vacation, holiday, administrative, annual, attorney, and compensatory.

If authorized by the employee, advertisements are placed in San Bernardino Public Employees' Association (SBPEA) newsletter, *The Voice* and San Bernardino County Safety Employees' Benefit Association (SEBA), *The Rap Sheet* and are solicited by the employee's department.

Note: It is the department's responsibility to write and distribute the advertisement to solicit donations





PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Verify that the most current form has been submitted
- ◆ Audit form for completeness (Yes or No boxes must be checked)
- ◆ Attach form to MEL Request
- ◆ Retain copies for department file
- ◆ Forward originals to EBSD-Leaves Team

DEADLINES

Refer to Master Calendar for EMACS Processing

RELATED FORMS/PROCEDURES

Medical Emergency Leave (MEL) Attending Physician's Statement 
Medical Emergency Leave (MEL) Agreement to Donate Leave Time 
Medical Emergency Leave (MEL) Request 
Medical Emergency Leave (MEL) Release of Medical Information 

MEDICAL EMERGENCY LEAVE (MEL) AGREEMENT TO DONATE LEAVE TIME

FORMS REQUIRED

Medical Emergency Leave (MEL) Agreement to Donate Leave Time 

MANDATORY FIELDS

Donor section; Recipient section; Employee (Donor) Signature; Date

GENERAL INFORMATION

This confidential agreement is completed by employees who wish to donate leave time to an employee who has applied for MEL.

Only vacation, holiday, administrative, annual, attorney or compensatory leave may be donated. Guidelines for donation are in the Donor section of the form. **Sick leave may not be donated.**

The donating employee must initial any changes or corrections to leave hours.

Any unused MEL in excess of 176 hours shall be returned to the donor in accordance with procedures established by the County.

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Verify that the most current form has been submitted
- ◆ Audit form for completeness
- ◆ Verify donation is in 8-hour increments of vacation, administrative, annual, attorney or compensatory leave and does not exceed 50% of the donors annual accrual
- ◆ Verify donation is in 4-hour increments for holiday leave and does not exceed 50% of the donors annual accrual
- ◆ Verify donation does not exceed the donors current leave balance
- ◆ Retain copy for department file
- ◆ Forward original immediately upon receipt to EBSD-Leaves Team for processing

DEADLINES

Refer to Master Calendar for EMACS Processing

RELATED FORMS/PROCEDURES

Medical Emergency Leave (MEL) Permission to Advertise 

Medical Emergency Leave (MEL) Request 