



ABSENCE MANAGEMENT PROGRAM & HANDBOOK

ACRONYMS

ADA	=	AMERICANS WITH DISABILITIES ACT
BWP	=	BENEFIT WAITING PERIOD
CFRA	=	CALIFORNIA FAMILY RIGHTS ACT
COBRA	=	CONSOLIDATED BUDGET RECONCILIATION ACT
EAP	=	EMPLOYEE ASSISTANCE PROGRAM
EPCN	=	EMPLOYEE PREMIUM CONTINUATION NOTICE
FEHA	=	FAIR EMPLOYMENT AND HOUSING ACT
FEHC	=	FAIR EMPLOYMENT & HOUSING COMMISSION
FMLA	=	FAMILY & MEDICAL LEAVE ACT
FSA	=	FLEXIBLE SPENDING ACCOUNT
LOA	=	LEAVE OF ABSENCE
LTD	=	LONG TERM DISABILITY
MMI	=	MAXIMUM MEDICAL IMPROVEMENT
MOA	=	MEMORANDUM OF AGREEMENT
MR	=	MANAGEMENT RESOLUTION
PDL	=	PREGNANCY DISABILITY LEAVE
PFL	=	PAID FAMILY LEAVE
SDI	=	STATE DISABILITY INSURANCE
STD	=	SHORT TERM DISABILITY
TPD	=	TEMPORARY PARTIAL DISABILITY
TTD	=	TEMPORARY TOTAL DISABILITY
USERRA	=	UNIFORMED SERVICES EMPLOYMENT & REEMPLOYMENT RIGHTS ACT
VCERA	=	VENTURA COUNTY EMPLOYEES RETIREMENT ASSN.
VCHRP	=	VENTURA COUNTY HUMAN RESOURCES PAYROLL
WSP	=	WAGE SUPPLEMENT PLAN

INTRODUCTION

This Leave of Absence Handbook provides you with a reference for most of the information you need to:

- Determine if you are eligible for a Leave of Absence.
- Understand your rights and responsibilities while on Leave of Absence.
- Complete your forms correctly and submit them on time.
- Determine what you will owe to continue benefits during your Leave of Absence.
- Ensure you receive the leave and/or disability benefits to which you are entitled.

The information in this Handbook is general in nature and cannot modify or affect contracts in any way. The administrative provisions of our leave policy and status of benefits are subject to change if contracts, laws, and/or mandates change. Check your Memorandum of Agreement or Management Resolution that covers your job classification for further benefits and provisions available during your leave of absence.

Please read this Handbook carefully before your leave of absence begins, and keep it for your reference during your leave of absence. You are responsible for understanding its contents. Your contacts are listed below and additional contacts are on the back cover of this handbook.

Leave Coordinator contact information:

Name: _____

Phone: _____ Fax #: _____

Payroll Representative contact information:

Name: _____

Phone: _____ Fax #: _____

LEAVE OF ABSENCE DEFINITION

The County of Ventura Personnel Rules and Regulations defines a LEAVE OF ABSENCE ("Leave") as "An authorized absence from duties with or without pay." The County's Leave of Absence Program applies to all employees. **Employees must apply for a leave for any absence of more than three workdays, unless the absence is due to a pre-approved vacation.**

If an employee is absent from work without authorization for three (3) days or two (2) consecutive twenty-four hour work shifts, the County may, without any notice, deem that the employee has voluntarily abandoned his/her job under Article 22, Section 2203 of the County of Ventura's Personnel Rules and Regulations.

FAMILY AND MEDICAL PROTECTED LEAVES

FAMILY AND MEDICAL LEAVE ACT (Federal FMLA) & CALIFORNIA FAMILY RIGHTS ACT (CFRA) ELIGIBILITY REQUIREMENTS

To be eligible for FMLA and/or CFRA:

- 1) You must have worked for and/or been compensated by the County for at least 1250 hours during the most recent 12 months, AND
- 2) You must have worked for the County for at least 12 months (including previous periods of employment of no more than seven years preceding the leave; including extra-help), AND
- 3) You must have a qualifying reason (as defined on page 4)
- 4) If applicable, a "serious health condition" is an illness, injury, impairment or physical or mental condition that involves inpatient care or continuous treatment by a health care provider.

Your Leave Coordinator will help you determine whether you qualify for FMLA/CFRA leave, or both.

***Family and Medical Leave Act (FMLA)* – Eligible employees are entitled to a leave of absence of up to 12 work weeks in a calendar year, for one or more of the qualifying reasons:**

- 1) The employee's own "serious health condition" which makes him or her unable to perform the functions of the job;
- 2) To care for the employee's spouse, registered domestic partner, child or parent who has a "serious health condition";
- 3) The birth of the employee's child and in order to bond with or care for that child;
- 4) The placement of a child with the employee for adoption or foster care.
- 5) Military Family Care Leave due to:
 - a qualifying non-medical need, when the employee's spouse, child or parent is on active duty or called to active duty in the Armed Forces.
 - care for the employee's spouse, son, daughter, parent or next of kin, who is a member of the Armed Forces and who is seriously ill or is seriously wounded in the line of duty. Eligible employees are entitled to an unpaid leave of absence of up to 26 weeks in a calendar year.

Note: FMLA/CFRA, the Memorandum of Agreement and the Management Resolution (MOA/MR) eligibility periods may run concurrently.

***California Family Rights Act (CFRA)* – Eligible employees are entitled to an unpaid leave of absence of up to 12 work weeks in a calendar year, for one or more of the qualifying reasons:**

- 1) Same as FMLA except pregnancy-related disabilities are excluded.
- 2) To care/bond with the newborn after FMLA and/or PDL has been exhausted.
- 3) *Married couples working for the same employer - If both you & your spouse work for the County of Ventura, you must share a bonding leave during a 12-month period.*

Note: FMLA/CFRA, the Memorandum of Agreement and the Management Resolution (MOA/MR) eligibility periods may run concurrently.

Your Leave Coordinator will help you determine whether you qualify for FMLA, CFRA, MOA/MR leave, or any combination.

PREGNANCY DISABILITY LEAVE (PDL) ELIGIBILITY REQUIREMENTS

Pregnancy Disability Leave (PDL) – Employees are entitled to up to four (4) months (or up to 17 1/3 weeks for a full time employee) of unpaid leave for one or more of the qualifying reasons:

- 1) Disability due to pregnancy, childbirth, or related medical condition, including prenatal care and severe morning sickness.

Note: FMLA/PDL, the Memorandum of Agreement and the Management Resolution (MOA/MR) eligibility periods may run concurrently.

To be eligible for PDL:

- 1) All County employees are entitled to leave under PDL, AND
- 2) You must have a qualifying reason as mentioned above, AND
- 3) You must give your supervisor and/or Leave Coordinator at least 30 days advance notice or as soon as practical of your probable reasonable accommodation, transfer, or pregnancy disability leave.

Note: You will be provided with copies of the Department of Fair Employment and Housing "Notice A" and "Notice B" after you provide advance notice.

Your Leave Coordinator will help you determine whether you qualify for FMLA/PDL leave, MOA/MR leave, or any combination.

INDUSTRIAL LEAVES OF ABSENCE

If an employee suffers from a work-related injury or illness, which is approved by the County's workers' compensation carrier, the leave is deemed to be an industrial leave. Industrial leave only applies if the employee is approved for such leave under section 4850 of the California Labor Code, or is receiving Temporary Total Disability (TTD) or Temporary

Partial Disability (TPD) benefits. Only certain safety members are eligible for 4850 benefits.

If the employee files a workers' compensation claim, and if that claim decision is delayed, the absence is deemed Medical leave, alleged industrial leave pending determination, until the determination has been made.

FMLA/CFRA and the Memorandum of Agreement and the Management Resolution (MOA/MR) eligibility periods may run concurrently. You are not entitled to receive any cash back from your flexible credit allowance during an UNPAID leave.

If provided by the MOA/MR which covers your job classification and if you are receiving TTD benefits, the County will continue to pay the amount it normally pays toward your medical plan premium only. If both you and the County contribute to a specific plan, your premium payment must be submitted before the County contribution can be paid. The County will not contribute amounts that are normally employee-paid by payroll deduction. If TTD benefits cease and if you have exhausted benefits under an UNPAID FMLA/CFRA and/or MOA/MR leave, you then become fully responsible for all health insurance premiums.

Your Leave Coordinator will help you determine whether you qualify for FMLA/CFRA leave, MOA/MR leave, or both.

INTERMITTENT LEAVES

FMLA/CFRA intermittent leaves may be taken in separate blocks of time due to a "serious health condition". Intermittent leave time or a reduced work schedule may be taken to care for the employee's spouse, registered domestic partner, child or parent who has a serious health condition or for an employee's own serious health condition.

- FMLA/CFRA intermittent leaves may be taken in increments equal to less than one full day or one full pay period, subject to an employee's actual entitlement.

OTHER PROTECTED LEAVES

Leaves taken for reasons listed below qualify as a protected leave, unless otherwise stated.

- Military Leave – If an employee takes a leave to fulfill military obligations, as protected under USERRA and California Military & Veterans Code.

- Emergency Rescue Personnel Leave – If an employee performs emergency duty as a volunteer firefighter, reserve peace officer or emergency rescue personnel:
 - He/she may be eligible to take temporary unpaid leave time of up to 14 days per calendar year, AND
 - For the purpose of engaging in fire, law enforcement, or emergency rescue training (as defined in California Labor Code section 230.03).
- Organ and Bone Marrow Donation Leave – If an employee takes a leave for the purpose of organ donation and for bone marrow donation under the Michelle Maykin Memorial Donation Protection Act.
 - Organ donor leaves not to exceed 30 business days in any one year period.
 - Bone Marrow donor leaves not to exceed 5 business days in any one year period.
 - This leave shall not be taken concurrently with FMLA/CFRA entitlements.

EMPLOYEE RIGHTS AND BENEFITS

The FMLA and CFRA entitles eligible employees up to 12 weeks (6 pay periods) of job-protected leave for the qualifying reasons described earlier, during a predetermined 12 month period. Exception: If you are caring for a spouse, son, daughter, parent or next of kin, who is a member of the Armed Forces and who is seriously ill or is seriously wounded in the line of duty. For that reason, you are entitled to an unpaid leave of absence of up to 26 weeks in a calendar year.

The County of Ventura has elected the calendar year method. Under this method, a new 12-week (6 pay periods) leave entitlement begins on January 1st of each year. County employees who qualify to take time off for FMLA and CFRA leave have certain rights and protections under each. Some of them include:

- Retention of employment status.
- Reinstatement to the same or equivalent position, pay, benefits and working conditions upon returning to work.
- Group health plan coverage during the leave if the employee was enrolled prior to the leave and made the required contributions.

- Protection against unlawful discharge, discrimination, or retaliation for exercising your rights.

In addition to the above, employees who take time off for a Pregnancy Disability Leave have the following rights and protection under PDL for up to four (4) months (or up to 17 1/3 weeks for a full time employee)

- You cannot be refused for employment, transfer, or promotion because of your condition.
- You cannot be refused for a training program leading to employment or promotion because of your condition.
- You cannot be harassed or denied leave due to your condition or be retaliated against for exercising your right to take a disability leave.

OTHER RIGHTS AND BENEFITS TO CONSIDER

If you are FMLA eligible, you have certain rights to take both a Pregnancy Disability Leave (PDL) and an FMLA leave for reason of the birth of your child. If qualified for both, you are entitled to take a combined total of up to seven (7) months (or up to 29 1/3 weeks); this period includes CFRA of up to twelve (12) weeks leave time to care/bond with your newborn after FMLA/PDL has been exhausted. Your employer paid health insurance contributions apply and run concurrently while on an approved FMLA, PDL and CFRA leave(s).

FMLA/CFRA leaves to bond with a newly acquired dependent child must be taken within one year of the birth of the child, adoption or foster care placement. The minimum duration of the leave is two weeks. However, on two occasions, within a 12-month period, you are allowed to take leave in increments of at least one day but less than two weeks. The maximum amount of leave time is twelve (12) weeks per newly acquired dependent and intermittent leave time is not available.

FMLA/CFRA leaves to married employees, who both are employed by the County of Ventura, must share a bonding leave. The cumulative number of workweeks of leave to which both are entitled is 12 workweeks during any 12 month period.

LEAVES WHICH DO NOT QUALIFY AS A PROTECTED LEAVE

Leaves taken for reasons listed below do not qualify as a protected leave, unless otherwise stated.

- **Personal Leave** – If an employee takes a leave for personal reasons.
- **Educational & Academic Leave** – If an employee takes a leave to further their education.
- **Disciplinary Leave** – If an employee is put on disciplinary leave by their department.
- **Organizational Leave** – If an employee takes a leave to conduct Union business.

EMPLOYEE RESPONSIBILITIES

- **Advance Notice** – You must give your supervisor and Leave Coordinator at least 30 days advance notice of your foreseeable leave. If you have an emergency situation or your leave is unforeseeable, you must give notice as soon as practical, usually within two business days.
- **Complete and return the required forms** – It is your responsibility to complete and return all the required leave forms sent to you by the County. You will generally be expected to return the forms within 15 days of receipt for any of the leave entitlements to apply. All the forms are listed in this handbook, under the section titled "Employee Forms and Descriptions".
- **Communicate with your supervisor and Leave Coordinator** – It is important to communicate, especially if your situation or conditions change. You are required to keep contact when there is a change in circumstances and for other required information. Be sure you have a current and accurate mailing address along with phone number(s) on file.
- **Continue to pay your insurance premiums timely** – If your leave is on an unpaid status, you may be responsible for paying your share of insurance premiums (medical, dental, vision, health care flexible spending account and optional life). If you have an insurance premium responsibility, mail or deliver your biweekly check or money order as directed.

- **Return to work following your leave** – You are required to return to work on the date indicated on the approved leave of absence request. You may be required to provide your supervisor with a medical release statement from your health care provider. The County reserves the right to request a Fitness for Duty Certification, under limited circumstances.

LEAVE OF ABSENCE APPROVAL PROCESS

Your department will determine whether or not you are eligible for an approved leave and whether you are eligible for leave benefits under FMLA/CFRA/PDL and/or MOA/MR. The length of leave is subject to approval by the employee's department. In most cases, circumstances surrounding the leave determine the appropriate length of approved time off. Here are a few factors to keep in mind:

- UNPAID leaves, not including industrial leaves or military leaves, are limited to one year by the Memoranda of Agreement and the Management Resolution. On an exception basis, the leave may be extended beyond one year with pre-approved written authorization from the Director of Human Resources.

Once your Leave of Absence Request form (with any required attachments) is complete and has been approved by your appointing authority, your department will prepare necessary transactions and submit all forms to Human Resources (Benefits Unit). The forms will be reviewed by an Absence Management Program Coordinator to make sure the documentation is complete.

As soon as you are aware that you need an extension, notify your supervisor and Leave Coordinator. The procedure for requesting an extension is the same as when you first applied for the leave and you will need to submit some of the same forms including medical certification (if applicable) that you completed prior to your initial leave. Your Leave Coordinator will determine whether or not the extension can be granted, and will notify you of their decision.

Your Leave Coordinator should give you or send you a copy of the approved Leave of Absence Request along with copies of other forms such as the Employee Premium Continuation Notice.

EMPLOYEE FORMS AND DESCRIPTIONS

Your supervisor or Leave Coordinator can provide you with this handbook and any forms listed below, however they can also be found on our Intranet (<http://vcweb/ceo/HR/Benefits>) and Internet (www.ventura.org/benefits) websites.

Depending upon the type of and length of leave, you may be required to submit one or more of the following forms:

- VENTURA COUNTY LEAVE OF ABSENCE REQUEST – this form must be completed for any leave of more than three consecutive days and for all extensions.
- FAIR EMPLOYMENT & HOUSING COMMISSION CERTIFICATION OF HEALTH CARE PROVIDER (FEHC) - this form must be completed for all periods more than three days off work due to illness or injury of the employee. You may be required to provide recertification of a “serious health condition” every 30 days, or earlier under certain circumstances. Recertification is also required for all leave extension requests. Illness of spouse, child, parent or next of kin also requires completion of the FEHC, if you are eligible for an FMLA/CFRA leave.
- CERTIFICATION OF HEALTH CARE PROVIDER FOR PREGNANCY DISABILITY LEAVE, TRANSFER AND/OR REASONABLE ACCOMMODATION – this form must be completed for all pregnancy, childbirth, or a related medical condition (including, but not limited to, recovery from pregnancy, childbirth, loss or end of pregnancy, or post-partum complications.
- EMPLOYEE’S CLAIM FOR WORKERS’ COMPENSATION BENEFITS – the form must be completed if your injury or illness is work related. <http://vcweb/ceo/Risk/>
- LEAVE OF ABSENCE PAYROLL INSTRUCTIONS FORM – the form must be completed for all leaves whether paid or unpaid.
- EMPLOYEE PREMIUM CONTINUATION NOTICE (HEALTH INSURANCE PLANS) – your Leave Coordinator will determine premiums, payment due dates, grace period end dates, and coverage periods using the County of Ventura Leave of Absence calendar.
- EMPLOYEE PREMIUM CONTINUATION NOTICE (HEALTH CARE FLEXIBLE SPENDING ACCOUNT AND/OR LIFE INSURANCE) - your Leave Coordinator will determine premiums, payment due dates, grace period end dates, and coverage periods using the County of Ventura Leave of Absence calendar.
- LONG TERM DISABILITY (LTD) CLAIM FORM – contact the Absence Management Program Coordinator in County Human Resources (Benefits Unit) to obtain this claim form if you are eligible for this insurance plan.

- WAGE SUPPLEMENT PLAN (WSP) CLAIM FORM – contact your Leave Coordinator to obtain this claim form and if you pay premiums for this plan.
- PHYSICIAN'S NOTICE OF RETURN TO WORK OR TEMPORARY MEDICAL RESTRICTIONS (RM 505) – for employees on approved industrial leaves only. <http://vcweb/ceo/Risk/>
- ATTENDING PHYSICIAN STATEMENT FOR RETURN TO WORK FROM LEAVE OF ABSENCE (PAOF 882) – for employees on leave due to non-work related illnesses or injuries.
- ASSOCIATION SPONSORED DISABILITY PLAN CLAIM FORM – contact your Union or steward to obtain this claim form if you pay premiums or are otherwise eligible for this insurance plan.
- WAIVER OF DISABILITY BENEFITS – the form must be completed if you choose NOT to file a claim for disability benefits with your group disability plans and are requesting a fully paid leave.

If you need assistance completing the form(s), ask your Leave Coordinator or Payroll Representative for help. However, please have your health care provider complete the Fair Employment & Housing Commission Certification of Health Care Provider, Certification of Health Care Provider for Pregnancy Disability Leave, Transfer and/or Reasonable Accommodation, Attending Physician's Statement of Disability, and the Physician's Notice of Return to Work or Attending Physician Statement for Return to Work.

Return the completed forms to your Leave Coordinator or supervisor as soon as possible. You are responsible for reading and understanding all materials mailed and to keep your contact information up to date.

PAID LEAVE OR UNPAID LEAVE

You may substitute paid leave for unpaid FMLA/CFRA leave, but the substitution will not extend the length of FMLA/CFRA entitlement. Therefore, you must elect either a PAID leave or an UNPAID leave prior to taking a leave of absence; PAID leaves are subject to advance department approval. If you choose an UNPAID leave, or if you do not designate PAID leave and/or do not provide the Leave of Absence Payroll Instructions Form, you will not be able to change to a PAID leave.

Note: You are not entitled to receive any cash back from your flexible credit allowance during an UNPAID leave.

If you would like your leave to be PAID or UNPAID you must:

- ✓ Complete the section on the Ventura County Leave of Absence Request, "During this leave or extension I request PAID or UNPAID leave", and complete the Leave of Absence Payroll Instructions Form.
- ✓ Submit the Leave of Absence Payroll Instructions Form for all pay periods of PAID or UNPAID leave.
- ✓ Use the appropriate leave hours equal to your full work schedule during the benefit waiting period and any periods not covered by disability benefits.
- ✓ In no instance will an employee be allowed to split his/her annual allowance of floating holiday leave hours over multiple days.

Many employees are eligible for some type of disability insurance to protect against wage loss due to illness or injury. Disability plans do not pay an employee's full salary during periods of disability and most plans have a Benefit Waiting Period (BWP) before any benefit is payable.

The County also provides leave time (which can include sick leave, vacation leave, annual leave, floating holiday and comp time) that an employee may use to continue full pay during the disability benefit waiting period. Most employees' benefit from using their leave bank hours to integrate with disability plans in order to receive up to full pay during periods of disability.

The County's integration policy provides that employees may use leave bank hours in conjunction with disability benefits that result in the employee's full biweekly base pay. The policy prevents employees from using leave hours that result in pay that is greater than their biweekly base rate.

If you choose a PAID leave, you must use the appropriate number of leave bank hours as described below from the beginning of your leave. The appropriate use of your leave bank hours must be because of and consistent with the type of leave granted. You may stop your PAID leave and begin an UNPAID leave at any time during your leave, but you must notify your payroll representative in writing. Once your leave turns UNPAID, you may not report any further leave bank hours or resume a PAID leave during the remainder of this leave of absence.

If you are on a PAID leave and experience any change to disability benefits, please contact your Payroll Representative or Leave Coordinator immediately to determine if this will effect a change in the amount of hours or type of leave bank time that may be used.

If allowed under the Memorandum of Agreement (MOA) or Management Resolution (MR), which covers your job classification, and with department approval, you may choose to use accrued hours from your leave banks. With advance department approval, you may use specific amounts of leave bank hours during the following types of leaves:

- MEDICAL LEAVE – you may use sick leave, vacation leave, annual leave, and comp time hours in amounts equal to the amount you are scheduled to report biweekly, LESS ALL DISABILITY BENEFITS TO WHICH YOU ARE ENTITLED.
- PREGNANCY DISABILITY LEAVE – same as stated under medical leave, however, all sick leave usage and integration of leave bank hours with disability ends as soon as the disability benefits end. If you would like to continue a PAID leave after your disability benefits end, you may use vacation, annual leave, and comp time, in amounts equal to your full biweekly work schedule. You may not use sick leave hours once your disability benefits have ended.
- FAMILY MEDICAL LEAVE – if you qualify for family sick leave usage and if you have not exhausted your family sick leave hours for the year, you may use family sick leave hours subject to the maximum allowed (which are deducted from your personal sick leave bank). You may also use vacation, annual leave, and comp time in conjunction with family sick leave (if any), which are equal to your full biweekly work schedule. If you are eligible for and will receive Paid Family Leave (PFL) Insurance you may use accruals in amounts equal to the amount you are scheduled to report biweekly, LESS ALL PFL BENEFITS TO WHICH YOU ARE ENTITLED.
- BONDING, ADOPTION, AND FOSTER CARE PLACEMENT LEAVES – you may use vacation, annual leave, and comp time hours, which are equal to your full biweekly work schedule. If you are eligible for and will receive Paid Family Leave (PFL) Insurance you may use accruals in amounts equal to the amount you are scheduled to report biweekly, LESS ALL PFL BENEFITS TO WHICH YOU ARE ENTITLED.
- INDUSTRIAL LEAVE – Temporary Total Disability (TTD), Temporary Partial Disability (TPD) and 4850 benefits -
 - (TTD/TPD Benefits) – you may use sick leave, vacation leave, annual leave and comp time hours in amounts less than or equal to the amount you are scheduled to report biweekly, LESS TTD/TPD BENEFIT PAYMENTS.
 - You must use the same level of integration throughout the duration of your leave. You may stop your PAID leave and begin an UNPAID

leave at any time during your leave, but you must notify your payroll representative in writing.

- Once your leave turns UNPAID, you may not report any further leave bank hours or resume a PAID leave during the remainder of this leave of absence. You are not entitled to any cash back from your flexible credit allowance during an UNPAID leave.
- (4850 Benefits) – You will receive full pay as regular payroll.
- MILITARY LEAVE – If you qualify, you will receive full pay for your regularly scheduled work days which fall within a 30 day calendar period each fiscal year as regular payroll. After 30 days of paid Military leave is exhausted, you may use vacation, annual leave, comp time, holiday hours or leave without pay which are equal to your full biweekly work schedule.
- EMERGENCY RESCUE PERSONNEL LEAVE – you may report leave without pay or use vacation, annual leave, comp time and holiday hours which are equal to your full biweekly work schedule.
- ORGAN AND BONE MARROW DONATION LEAVE – you may use sick leave, vacation leave, annual leave, and comp time hours in amounts equal to the amount you are scheduled to report biweekly.
 - You must use up to 14 days of your own leave bank hours for organ donation.
 - You must use up to 5 days of your own leave bank hours for bone marrow donation.
- PERSONAL/EDUCATIONAL/ACADEMIC LEAVES – you may use vacation, annual leave, comp time and holiday hours which are equal to your full biweekly work schedule.
- DISCIPLINARY LEAVE – This type of leave is always UNPAID.
- ORGANIZATIONAL LEAVE – This type of leave is always UNPAID.
- INTERMITTENT LEAVE – This type of leave is always UNPAID, unless you have filed a Waiver of Disability Benefits form. Otherwise, you may use sick leave, vacation leave, annual leave, and comp time hours in amounts equal to the amount you are scheduled to report biweekly.

Check your Memorandum of Agreement or Management Resolution that covers your job classification for eligible employees that may use accrued vacation leave, annual leave and comp time hours, after exhausting all accumulated sick hours.

HEALTH INSURANCE BENEFITS DURING YOUR LEAVE

If you are eligible for FMLA/CFRA benefits, the County will count the leave as FMLA/CFRA entitled, and continue its contribution toward your health insurance plan(s) for up to 12 weeks (6 pay periods) per calendar year while you are on a leave of absence.

If you are eligible, and you take both a Pregnancy Disability Leave (PDL) and an FMLA leave for reason of the birth of your child, the County will continue its contribution toward your health insurance plans for UP TO seven (7) months (or UP TO 29 1/3 weeks); this period includes CFRA of up to twelve (12) weeks leave time to care/bond with your newborn after FMLA/PDL has been exhausted.

Eligible health insurance plans include medical, dental, vision and health care flexible spending accounts if you are enrolled when your leave begins. If both you and the County contribute to a specific plan, your premium payment must be submitted before the County contribution can be paid. The County will not contribute amounts that are normally employee-paid by payroll deduction. You are not entitled to any cash back from your flexible credit allowance during an UNPAID leave.

You are eligible for Memorandum of Agreement (MOA) or Management Resolution (MR) benefits if:

- Your department has approved your leave, AND
- Your leave is UNPAID for one full pay period or more, AND
- The MOA/MR that covers your job classification allows for MOA/MR benefit contribution for your approved type of leave.

You are not entitled to receive any cash back from your flexible credit allowance during an UNPAID leave.

If you wish to continue your health plan coverage(s) during any type of leave, and you are NOT on FMLA/CFRA, you may be responsible for the entire premium. Premium deductions will continue as long as the amount of compensation you receive, based on your leave bank usage, is sufficient to cover employee contributions.

OTHER OPTIONAL BENEFITS

Consult your tax advisor to clarify the impact these benefits would have on your personal tax return.

Flexible Spending Account (FSA) participants may continue to make claims for reimbursement of expenses for services only during those periods of time

that contributions were made to your account. If you do not continue to make biweekly contributions during your leave, your coverage will resume at the beginning of the pay period following your return to work.

If you have a Dependent Care Flexible Spending Account, unless your entire leave will be unpaid, you may complete an Enrollment & Change Form and Mid Plan Year Change Request form now to drop your account when your leave starts, and complete another set of forms upon your return, to reinstate. You may not file claims for services incurred while you are not working.

If you are covered by the County's Optional Life Insurance Plans (through Minnesota Life Insurance Company), you may continue that coverage during a leave (up to the maximum period listed below) by paying the entire premium.

- Employees on a Medical/Pregnancy (non industrial leaves) leave may continue coverage for a maximum of one year.
- Employees on approved Industrial leave may continue coverage for the entire approved leave period while receiving Temporary Total Disability or 4850 benefits.
- Employees who become permanently and totally disabled and under the age of 60, may apply for a waiver of premium. Applications can be requested by contacting the Benefits Service Rep at benefits.servicerep@ventura.org or by calling 654-2570.

If your optional life coverage terminates while you are on a leave, you may re-apply for optional life insurance upon your return to work. This new application is subject to medical and underwriting review by our life insurance carrier. Approval of your application is not guaranteed. *Exception: if coverage lapses during your FMLA/CFRA leave, no new application is needed upon your return from leave, unless you remain out on leave past the expiration of your FMLA/CFRA benefits.*

If you are enrolled in the County Deferred Compensation Program, you should contact the Deferred Compensation Coordinator at 654-2620, before your leave begins. You should consider the impact on your 401(k) & 457 contributions, 401(k) match, and 401(k) loan(s).

EMPLOYEE PREMIUM CONTINUATION NOTICE

Your Leave Coordinator should complete an Employee Premium Continuation Notice (EPCN) prior to the beginning of your unpaid leave. You may receive one or both notices, the first is for medical, dental and/or vision and the second is for Health Care Flexible Spending Accounts and/or Life Insurance. These notices will help you determine what you will owe, when premiums are due, and what period of coverage you are paying for, to continue your choice of coverage(s) during your leave. Your Leave Coordinator will determine your entitlement to County contributions towards your health care insurance plans during an FMLA/CFRA/PDL and/or MOA/MR leave.

If you are on a PAID leave you will continue to receive your entire Flexible Credit Allowance towards your health plans, flexible spending account(s) and cash back credit, as appropriate. If you have other benefits which you pay by payroll deductions, these deductions will continue as long as the amount of pay you receive is sufficient to fully cover these amounts.

Once your leave becomes UNPAID, you may qualify for continuation of department-paid contributions. If you qualify under FMLA/CFRA and/or MOA/MR leave(s), the County will continue to contribute the amount it normally pays for certain health benefits until you have exhausted or no longer qualify for the County contribution.

Whether you are on PAID leave or UNPAID leave, you are ultimately responsible for finding out the amount that will be deducted from your pay or the amount you need to pay each pay period to maintain coverage(s) and benefits you want. You must take action to keep your health insurance coverage(s) active while you are on unpaid leave.

Timely plan premiums must be made in order to maintain uninterrupted coverage during your leave of absence.

EMPLOYEE PREMIUM CONTINUATION NOTICE
HEALTH INSURANCE PLANS (MEDICAL, DENTAL, AND/OR VISION)

NAME: Sally Sample EMPL ID: 124000 NOTIFICATION DATE: 03/01/14

If premiums are not taken on your paycheck, you must remit payment of the premiums to continue coverage.

Continue this plan while on leave? ✓ if YES			<input checked="" type="checkbox"/> Medical		<input checked="" type="checkbox"/> Dental		Vision
Payment Due Date (1 st day of pay period)	Grace Period End Date	Coverage Period	County Paid	EE Owes	County Paid	EE Owes	
03/16/14	04/14/14	03/30/14-04/12/14	\$285.00	\$36.97	\$0.00	\$58.08	\$4.78
03/30/14	04/28/14	04/13/14-04/26/14	\$285.00	\$36.97	\$0.00	\$58.08	\$4.78
04/13/14	05/12/14	04/27/14-05/10/14	\$285.00	\$36.97	\$0.00	\$58.08	\$4.78
04/27/14	05/26/14	05/11/14-05/24/14	\$285.00	\$36.97	\$0.00	\$58.08	\$4.78
05/11/14	06/09/14	05/25/14-06/07/14	\$0.00	\$321.97	\$0.00	\$58.08	\$4.78
05/25/14	06/23/14	06/08/14-06/21/14	\$0.00	\$321.97	\$0.00	\$58.08	\$4.78
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

Payments are due to continue coverage until the premium deductions resume on your paycheck after you return. The County must receive the total payment due no later than 30 days from the *Payment Due Date*. Payments not received by the end of this grace period will result in termination of plan coverage(s).

Make your check or money order payable to "County of Ventura" and write your Employee ID number on your payment. Partial payments, cash, and credit card payments cannot be accepted. You may mail or deliver your payment to:



County of Ventura CEO/Human Resources/Benefits, Attn: Leave of Absence Coordinator
 800 S. Victoria Avenue, #1970
 Ventura, CA 93009-1970
www.ventura.org/benefits/leave-of-absence



COUNTY OF VENTURA

LEAVE OF ABSENCE CALENDAR

PLAN PREMIUM DUE DATES/GRACE PERIODS/COVERAGE PERIODS (Medical, Dental & Vision) 2014 & 2015

CALENDAR YEAR 2014				CALENDAR YEAR 2015			
Pay Period	Payment Due Date	Grace Period Expiration	Coverage Period	Pay Period	Payment Due Date	Grace Period Expiration	Coverage Period
14/01	12/22/13	01/20/14	01/05/14-01/18/14	15/01	12/21/14	01/19/15	01/04/15-01/17/15
14/02	01/05/14	02/03/14	01/19/14-02/01/14	15/02	01/04/15	02/02/15	01/18/15-01/31/15
14/03	01/19/14	02/17/14	02/02/14-02/15/14	15/03	01/18/15	02/16/15	02/01/15-02/14/15
14/04	02/02/14	03/03/14	02/16/14-03/01/14	15/04	02/01/15	03/02/15	02/15/15-02/28/15
14/05	02/16/14	03/17/14	03/02/14-03/15/14	15/05	02/15/15	03/16/15	03/01/15-03/14/15
14/06	03/02/14	03/31/14	03/16/14-03/29/14	15/06	03/01/15	03/30/15	03/15/15-03/28/15
14/07	03/16/14	04/14/14	03/30/14-04/12/14	15/07	03/15/15	04/13/15	03/29/15-04/11/15
14/08	03/30/14	04/28/14	04/13/14-04/26/14	15/08	03/29/15	04/27/15	04/12/15-04/25/15
14/09	04/13/14	05/12/14	04/27/14-05/10/14	15/09	04/12/15	05/11/15	04/26/15-05/09/15
14/10	04/27/14	05/26/14	05/11/14-05/24/14	15/10	04/26/15	05/25/15	05/10/15-05/23/15
14/11*	05/11/14	06/09/14	05/25/14-06/07/14	15/11*	05/10/15	06/08/15	05/24/15-06/06/15
14/12	05/25/14	06/23/14	06/08/14-06/21/14	15/12	05/24/15	06/22/15	06/07/15-06/20/15
14/13	06/08/14	07/07/14	06/22/14-07/05/14	15/13	06/07/15	07/06/15	06/21/15-07/04/15
14/14	06/22/14	07/21/14	07/06/14-07/19/14	15/14	06/21/15	07/20/15	07/05/15-07/18/15
14/15	07/06/14	08/04/14	07/20/14-08/02/14	15/15	07/05/15	08/03/15	07/19/15-08/01/15
14/16	07/20/14	08/18/14	08/03/14-08/16/14	15/16	07/19/15	08/17/15	08/02/15-08/15/15
14/17	08/03/14	09/01/14	08/17/14-08/30/14	15/17	08/02/15	08/31/15	08/16/15-08/29/15
14/18	08/17/14	09/15/14	08/31/14-09/13/14	15/18	08/16/15	09/14/15	08/30/15-09/12/15
14/19	08/31/14	09/29/14	09/14/14-09/27/14	15/19	08/30/15	09/28/15	09/13/15-09/26/15
14/20	09/14/14	10/13/14	09/28/14-10/11/14	15/20	09/13/15	10/12/15	09/27/15-10/10/15
14/21	09/28/14	10/27/14	10/12/14-10/25/14	15/21	09/27/15	10/26/15	10/11/15-10/24/15
14/22*	10/12/14	11/10/14	10/26/14-11/08/14	15/22*	10/11/15	11/09/15	10/25/15-11/07/15
14/23	10/26/14	11/24/14	11/09/14-11/22/14	15/23	10/25/15	11/23/15	11/08/15-11/21/15
14/24	11/09/14	12/08/14	11/23/14-12/06/14	15/24	11/08/15	12/07/15	11/22/15-12/05/15
14/25	11/23/14	12/22/14	12/07/14-12/20/14	15/25	11/22/15	12/21/15	12/06/15-12/19/15
14/26	12/07/14	01/05/15	12/21/14-01/03/15	15/26	12/06/15	01/04/16	12/20/15-01/02/16

***NO FSA PREMIUM(S) DUE**

EMPLOYEE PREMIUM CONTINUATION NOTICE

HEALTH CARE FLEXIBLE SPENDING ACCOUNT AND/OR LIFE INSURANCE

NAME: Sally Sample EMPL ID: 124000 NOTIFICATION DATE: 03/01/14

If premiums are not taken on your paycheck, you must remit payment of the premiums to continue coverage.

Continue this plan while on leave? ✓ if YES		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
County Pay Period #	Payment Due Date (1 st day of pay period)	Health Care FSA		Optional Life Insurance EE Owes	Dependent Life Insurance EE Owes
		County Paid	EE Owes		
14/07	03/16/14	\$0.00	\$100.00	\$2.79	\$1.15
14/08	03/30/14	\$0.00	\$100.00	\$2.79	\$1.15
14/09	04/13/14	\$0.00	\$100.00	\$2.79	\$1.15
14/10	04/27/14	\$0.00	\$100.00	\$2.79	\$1.15
14/11	05/11/14	\$0.00	\$0.00	\$2.79	\$1.15
14/12	05/25/14	\$0.00	\$100.00	\$2.79	\$1.15
		\$	\$	\$	\$
		\$	\$	\$	\$

Health Care Flexible Spending Accounts: If you wish to continue your Health Care FSA contributions while you are on leave and not having premium deductions on your paycheck, the County must receive the *total payment due* no later than the *Payment Due Date*. If payment is not received by the due date, you will not be able to submit a claim for expenses incurred during the time that you do not make contributions.

Life Insurance Plans: Payments are due to continue coverage. The County must receive the *total payment due* no later than the *Payment Due Date*. If payments are not received by the due date, your life insurance policy may be cancelled and you will need to re-apply for coverage after you return to work.

Make your check or money order payable to "County of Ventura" and write your Employee ID number on your payment. Partial payments, cash, and credit card payments cannot be accepted. You may mail or deliver your payment to:



County of Ventura CEO/Human Resources/Benefits, Attn: Leave of Absence Coordinator
800 S. Victoria Avenue, #1970
Ventura, CA 93009-1970
www.ventura.org/benefits/leave-of-absence



COUNTY OF VENTURA

LEAVE OF ABSENCE CALENDAR

PLAN PREMIUM DUE DATES/GRACE PERIODS/COVERAGE PERIODS (FSA ONLY) 2014 & 2015

CALENDAR YEAR 2014				CALENDAR YEAR 2015			
Pay Period	Payment Due Date	Grace Period Expiration	Coverage Period	Pay Period	Payment Due Date	Grace Period Expiration	Coverage Period
14/01	12/22/13	01/20/14	01/01/14-01/15/14	15/01	12/21/14	01/19/15	01/01/15-01/15/15
14/02	01/05/14	02/03/14	01/16/14-01/31/14	15/02	01/04/15	02/02/15	01/16/15-01/31/15
14/03	01/19/14	02/17/14	02/01/14-02/15/14	15/03	01/18/15	02/16/15	02/01/15-02/15/15
14/04	02/02/14	03/03/14	02/16/14-02/28/14	15/04	02/01/15	03/02/15	02/16/15-02/28/15
14/05	02/16/14	03/17/14	03/01/14-03/15/14	15/05	02/15/15	03/16/15	03/01/15-03/15/15
14/06	03/02/14	03/31/14	03/16/14-03/31/14	15/06	03/01/15	03/30/15	03/16/15-03/31/15
14/07	03/16/14	04/14/14	04/01/14-04/15/14	15/07	03/15/15	04/13/15	04/01/15-04/15/15
14/08	03/30/14	04/28/14	04/16/14-04/30/14	15/08	03/29/15	04/27/15	04/16/15-04/30/15
14/09	04/13/14	05/12/14	05/01/14-05/15/14	15/09	04/12/15	05/11/15	05/01/15-05/15/15
14/10	04/27/14	05/26/14	05/16/14-05/31/14	15/10	04/26/15	05/25/15	05/16/15-05/31/15
14/11*	05/11/14	06/09/14	NO FSA PREMS DUE	15/11*	05/10/15	06/08/15	NO FSA PREMS DUE
14/12	05/25/14	06/23/14	06/01/14-06/15/14	15/12	05/24/15	06/22/15	06/01/15-06/15/15
14/13	06/08/14	07/07/14	06/16/14-06/30/14	15/13	06/07/15	07/06/15	06/16/15-06/30/15
14/14	06/22/14	07/21/14	07/01/14-07/15/14	15/14	06/21/15	07/20/15	07/01/15-07/15/15
14/15	07/06/14	08/04/14	07/16/14-07/31/14	15/15	07/05/15	08/03/15	07/16/15-07/31/15
14/16	07/20/14	08/18/14	08/01/14-08/15/14	15/16	07/19/15	08/17/15	08/01/15-08/15/15
14/17	08/03/14	09/01/14	08/16/14-08/31/14	15/17	08/02/15	08/31/15	08/16/15-08/31/15
14/18	08/17/14	09/15/14	09/01/14-09/15/14	15/18	08/16/15	09/14/15	09/01/15-09/15/15
14/19	08/31/14	09/29/14	09/16/14-09/30/14	15/19	08/30/15	09/28/15	09/16/15-09/30/15
14/20	09/14/14	10/13/14	10/01/14-10/15/14	15/20	09/13/15	10/12/15	10/01/15-10/15/15
14/21	09/28/14	10/27/14	10/16/14-10/31/14	15/21	09/27/15	10/26/15	10/16/15-10/31/15
14/22*	10/12/14	11/10/14	NO FSA PREMS DUE	15/22*	10/11/15	11/09/15	NO FSA PREMS DUE
14/23	10/26/14	11/24/14	11/01/14-11/15/14	15/23	10/25/15	11/23/15	11/01/15-11/15/15
14/24	11/09/14	12/08/14	11/16/14-11/30/14	15/24	11/08/15	12/07/15	11/16/15-11/30/15
14/25	11/23/14	12/22/14	12/01/14-12/15/14	15/25	11/22/15	12/21/15	12/01/15-12/15/15
14/26	12/07/14	01/05/15	12/16/14-12/31/14	15/26	12/06/15	01/04/16	12/16/15-12/31/15

***NO FSA PREMIUM(S) DUE**

Leaves are often unexpected and arise from unanticipated occurrences. If you do not receive your Employee Premium Continuation Notice prior to the beginning of your leave, you should contact your Leave Coordinator as soon as possible to obtain your copy.

If you are making payments while on leave, they are due by the beginning of the pay period preceding the period of coverage. This due date allows Human Resources (Benefits Unit) to report your continued eligibility to your insurance company in a timely manner so you maintain uninterrupted coverage.

Single eligibility is reported once every two weeks, and advance payments are encouraged, up to a maximum of (3) three bi-weekly premium payments, and provided your leave has been approved/extended that far in advance. You may pay premiums by check or money order made payable to THE COUNTY OF VENTURA and all premiums must be written for the exact amount due.

Mail payments to:	County of Ventura CEO/Human Resources/Benefits 800 S. Victoria Avenue, #1970 Ventura, CA 93009-1970
Deliver payments to:	County of Ventura Government Center Human Resources (Reception Desk) Hall of Administration - Main Plaza. 800 S. Victoria Avenue Ventura, CA 93009-1970

Payments not received by the due date will result in lapse and/or termination of plan coverage(s). Your coverage will not be reinstated until we are in receipt of your payment; however no payment(s) will be accepted after your 30-calendar-day grace period has expired.

Note: The 30-calendar-day grace period is calculated by taking the Premium Due Date and adding 29 calendar days to determine the Grace Period Expiration. The Grace Period Expiration dates are provided on the LOA calendar within this handbook.

If you are making a late payment, you must include all payments that are past due, but the oldest payment must not be over 30 calendar days past due. Don't stop paying without checking with your Leave Coordinator. Since health plan premiums are paid one pay period in advance, you'll need to continue payments until your payroll deductions resume or risk a lapse in coverage. **If you have allowed any of your health plan coverage(s) to lapse, your coverage(s) will not begin immediately upon your return to work.** Check with your Leave Coordinator for the effective date.

For approved FMLA/CFRA/PDL leaves, the Human Resources (Benefits Unit) will mail you the "Notice of Pending Termination Due to Non-Payment of Health Insurance Premiums" which will require your immediate action. Human Resources (Benefits Unit) will not send any billing notices to you. Premium payments must be continuous from the initial due date. If any payment is not paid, or if returned due to late submission, no further premium payments can be accepted.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

Q. I DIDN'T MAKE MY REQUIRED PLAN PREMIUM TO KEEP MY BENEFITS ACTIVE. WHAT SHOULD I DO OR WHO SHOULD I CALL?

A. Contact your respective Absence Management Program Coordinator as referenced on the back of this handbook for questions on your payment amount including payment due date, grace period end date and how you can get your insurance reinstated. As outlined in the handbook, you have 30 calendar days from the due date to resolve and/or cure the termination.

Q. WHAT HAPPENS WHEN I RETURN FROM LEAVE?

A. If your medical provider has restricted your work or activity in any way, the physician's detailed restrictions must be provided to your department *in advance of your return to work*. Your department will need time to review and evaluate their needs and your restrictions, and must decide whether they can accommodate the restrictions.

Upon your return, they will prepare the forms to return you to an active status as an employee. This will insure you receive a paycheck and your health coverage(s) will be uninterrupted or will resume in the next pay period, if you have had a lapse in coverage.

If you canceled a Dependent Care Flexible Spending Account prior to your leave, you must complete an Enrollment & Change Form and Mid Plan Year Change Request form to elect to contribute to the account again. Review the Benefits Plan Handbook, Chapter 1, regarding Qualified Mid-Year changes. You must meet the eligibility and timeliness provisions in order for us to allow you to reinstate this account.

If you return from leave with a significant change in work schedule, you may need to complete various forms depending on your new work schedule. This may include leave paperwork to work a reduced work schedule or an intermittent schedule, if you have not exhausted your FMLA/CFRA/PDL entitlement.

If you were on a Medical or Pregnancy Leave and are interested in buying back retirement service credits for the fully unpaid portion while you were disabled, please contact the Retirement office after you have returned to work. You will be required to provide documentation (usually from your treating physician) of your inability to work for medical reasons, in order to be eligible for possible buy-back of service credits and service time.

Except for FMLA/CFRA leave, if you had Optional Life Insurance coverage which lapsed during your leave, it will not be automatically reinstated. You will need to complete an application for new insurance, which is subject to medical and underwriting review by our life insurance carrier (Minnesota Life Insurance Company).

Q. HAVE YOU ACQUIRED A NEW DEPENDENT OR HAS ELIGIBILITY CHANGED FOR AN EXISTING DEPENDENT?

- Have you gotten married or divorced?
- Do you have a new baby?
- Has a child been placed in your home pending adoption by you?
- Has a dependent child reached age 26 or are they no longer a dependent for IRS tax purposes?

A. If any of these events occur while you are on leave, you must complete a Flexible Benefits Program Enrollment and Change Form and return to Human Resources (Benefits Unit) within 31 days of the event. Contact your Leave Coordinator for the form.

If you do not add your new dependent within 31 days of the event, you may apply for late dependent enrollment, but the effective date will be determined by the health plan for late dependent enrollment.

If you do not cancel coverage for an ineligible dependent, you may jeopardize that dependent's eligibility for continuation of coverage under Federal COBRA regulations. You will also be responsible for reimbursing the insurance plan for any expenses incurred by that dependent after he/she became ineligible for benefits.

If you have Dependent Life Insurance coverage, you will need to complete an enrollment form and/or application for coverage for your new dependent. The forms to do this can be found on our website www.ventura.org/benefits.

Q. WILL YOU BE ON LEAVE DURING THE ANNUAL OPEN ENROLLMENT?

A. Open Enrollment (OE) for the Flexible Benefits Program (medical, dental, vision, flexible spending accounts) takes place November each year. If you are on leave during OE, you have the same rights and responsibilities as employees who are actively at work. Prior to OE, your department and the Human Resources (Benefits Unit) will mail your OE information to the address you have on file in the VCHRP payroll system. The information will describe the plans, premium rates and enrollment instructions.

It will be your responsibility to read the OE material and is in your best interest to learn as much as you can about the plan(s) before you make your selections; ask questions on anything that is unclear to you. The County of Ventura utilizes eBenefits, an online enrollment system. You can access eBenefits through the County's intranet or over the internet from home. This information is contained within your OE materials and in your Benefit Plans Handbook.

If you do not make your selections through eBenefits or turn in properly completed forms during OE, you may jeopardize your Flexible Benefits Program participation, your health plan coverage(s), and/or coverage for your dependents for the next plan year.

Remember that your OE choices are irrevocable for the entire plan year. You cannot make changes upon your return from leave, except for extremely limited circumstances. For further information, please read the Benefit Plans Handbook.

Q. WILL YOU BE ON LEAVE WHEN THE NEW CALENDAR YEAR BEGINS?

A. If you're on leave when the new calendar year begins, you may be eligible for up to 12 additional weeks (6 pay periods) of FMLA/CFRA leave benefits. Your Leave Coordinator will help you determine whether you re-qualify for FMLA/CFRA leave, or both.

If you wish to continue coverage and owe premiums to do so, you should contact your Leave Coordinator for the Employee Premium Continuation Notice as of the last pay period of the year. The last pay period of the year is the first pay period for the new plan rates and/or new plan choices. You may only continue coverage for plans which have remained in effect for the entire leave period. Be sure to ask for an updated County LOA calendar. If you add a new health plan during OE, that benefit plan will start at the beginning of the plan year if you have continued the same type of health plan during your leave and all contributions are made; otherwise, it will be effective the pay period following the pay period you return from leave. If an existing coverage has lapsed during your leave, the new plan year will have

no impact on coverage during your leave and that benefit plan cannot be reinstated until you return from leave. However, you cannot change plans upon your return if you did not complete the forms during Open Enrollment.

Q. IS YOUR MAILING ADDRESS AND/OR PHONE NUMBER CHANGING?

A. Logon to Ventura County Human Resources Payroll (VCHRP) Self Service or you can notify your Leave Coordinator immediately of address and phone number changes, preferably in writing. Since all information is mailed to the home address on file, timely action will prevent you from missing important information, such as your annual W-2 form, benefit information notices, or annual Open Enrollment information. VCHRP: <https://vchrp.co.ventura.ca.us>

Q. HAVE YOU FILED FOR DISABILITY RETIREMENT BENEFITS?

A. Contact Retirement (VCERA) at (805) 339-4250 to discuss the implications of using unpaid leave hours during a leave of absence and/or if you have filed, or are considering filing, for disability retirement (service or non-service connected) and to schedule an appointment, preferably 60 days prior to your desired retirement effective date. www.ventura.org/vcera

Q. I AM NOT COMING BACK TO WORK! WHAT NOW? WHOM DO I NOTIFY?

A. Give your supervisor and your Leave Coordinator as much advance notice as possible; notify them as soon as you know. Please submit your written resignation to your supervisor.

Your department will prepare the necessary paperwork and can answer most of your questions, or refer you to other resources, such as the Retirement office (VCERA), Deferred Compensation Coordinator, or COBRA Coordinator. Make sure that your department has your current mailing address to insure all information reaches you.

Once your termination or retirement is processed, Human Resources (Benefits Unit) will generate a letter listing your current benefits and describing what steps you need to take to continue benefits on an individual basis through COBRA, if you are eligible to do so. The letter and accompanying information will be mailed to the address in our payroll system. If you will be moving, be sure to let your COBRA Coordinator know where your benefit packet should be mailed. Continuation of Coverage (COBRA) is only available for the health care coverage(s) that continued until the end of your leave.

Q. WHAT ELSE SHOULD I CONSIDER ABOUT BENEFITS AS A RESULT OF BEING ON LEAVE?

A. If you intend to participate in the County's Retiree Health Benefits Program, you must be actively enrolled in a County-sponsored plan at the time of your retirement and your premium payments must be current. If you have let your coverage lapse while on leave, you may not be eligible for health coverage under the retiree program or COBRA. Contact County Retiree Benefits at 662-6791 for more information on your benefits as a potential retiree.

Q. WILL A LEAVE AFFECT MY FUTURE SALARY OR RETIREMENT?

A. An UNPAID leave of any amount will affect your continuous service hours but you will not lose any benefits you had accrued (earned) before you went on leave. You will generally not accrue any additional benefits while you are on UNPAID leave of any amount. For example, you won't be accruing continuous service hours and this might impact your retirement eligibility date, the end of your probationary period, your eligibility for salary adjustments, your eligibility for increased vacation/annual leave accrual rates as well as your job seniority relative to other employees who have not been on leave.

An UNPAID leave of any amount may also affect 401(k) County matches, 401(k) loan repayments, retirement pick up contributions, vacation/annual leave rate of accruals, holiday pay and bereavement leave pay. Questions on these issues should be directed to your Leave Coordinator.

Q. QUESTIONS ABOUT PAYING BACK HEALTH PLAN PREMIUMS?

A. If the County made a contribution for all or part of your health plan premiums under the provisions of the Federal Family and Medical Leave Act or California Family Rights Act (FMLA/CFRA), you will be required to reimburse the County for premiums paid on your behalf if you do not return to work, except under limited circumstances.

GOVERNING LEGAL AUTHORITIES

The Leave of Absence Program and administrative practices comply with Federal and State laws and County documents, including:

Family & Medical Leave Act (FMLA)

www.dol.gov

California Family Rights Act (CFRA)

www.dfeh.ca.gov

California Pregnancy Disability Leave (PDL)

www.dfeh.ca.gov

Fair Employment and Housing Act (FEHA)

www.dfeh.ca.gov

Americans with Disabilities Act (ADA)

www.ada.gov

California Labor Code

www.dir.ca.gov

California Military and Veterans Code

www.cdva.ca.gov

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

www.dol.gov/vets

County of Ventura Personnel Rules and Regulations

www.ventura.org/human-resources

Memorandum of Agreements (MOA) between the County and unions

www.ventura.org/human-resources

Management Resolution (MR)

www.ventura.org/human-resources

County of Ventura Administrative Policy Manual

<http://vcweb/policies/>

Please be sure to read the Notice to County of Ventura Employees on FMLA, CFRA, Pregnancy Disability Leave "Notice A" & "Notice B", Paid Family Leave and Organ and Bone Marrow Donation Leave(s), which can be found in the Benefit Plans Handbook. Failure to comply with these notice rules is grounds for, and may result in, denial and/or deferral of the requested leave until you comply with these notice policies.

NOTES

IMPORTANT CONTACTS DURING YOUR LEAVE

Absence Management Program Coordinator (by employee last name)		
Ken Mizuno (A-L)	ken.mizuno@ventura.org	805-654-3997
Ophelia Rojo (M-Z)	ophelia.rojo@ventura.org	805-654-3636

For inquiries regarding plan premiums, Notices of Pending Termination, including reinstatement of benefits, Long Term Disability, Wage Supplemental Plan, and Military Leave of Absences		
Ken Mizuno (A-L)	ken.mizuno@ventura.org	805-654-3997
Ophelia Rojo (M-Z)	ophelia.rojo@ventura.org	805-654-3636

Optional Life Insurance/Waiver of Premiums Add/Delete Dependent(s)		
Benefits Service Rep	benefits.servicerep@ventura.org	805-654-2570

Deferred Compensation Plans – 401k/457 & 401k Loans		
Patti Dowdy	deferred.compensation@ventura.org	805-654-2620

Supplemental Retirement Program/Benefits – Safe Harbor		
Nancy Schaefer	safeharbor@ventura.org	805-654-2921

Retiree Health Benefits		
Patty Vandewater	patty.vandewater@ventura.org	805-662-6791

COBRA Administrator		
JHC Administrators	annamarie@jhcbenefits.com	805-644-9678 x130

ADDITIONAL CONTACTS DURING YOUR LEAVE OF ABSENCE

VCERA – Retirement	www.ventura.org/vcera	805-339-4250
Employee Assistance Program (EAP)	http://www.ventura.org/benefits/eap	805-654-4327
Risk Management	http://vcweb/ceo/risk/	805-654-3197
State Disability Insurance (SDI)	www.edd.ca.gov	800-480-3287
Paid Family Leave Insurance (PFL)	www.edd.ca.gov	877-238-4373
Fidelity Investments	http://plan.fidelity.com/ventura	800-343-0860
The Hartford LTD Ins	Group Number 402259	866-945-7801
Flexible Spending Acct	fsa.account@ventura.org	805-677-8785
Work/Life Program	patty.zoll@ventura.org	805-477-7234