



# YOUR GUIDE TO TIME AWAY FROM WORK



FOR CITY OF CLOVIS EMPLOYEES  
JANUARY 2025

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## Purpose

The purpose of this policy is to provide employees with a general description of their leave rights. Leave rights are job-protected leaves, either paid or unpaid, that are provided to eligible employees for both non-medical and medical reasons. This policy identifies leaves that are consistent with the Personnel Rules and Regulations, labor agreements, and required by state and federal law.

## General Information

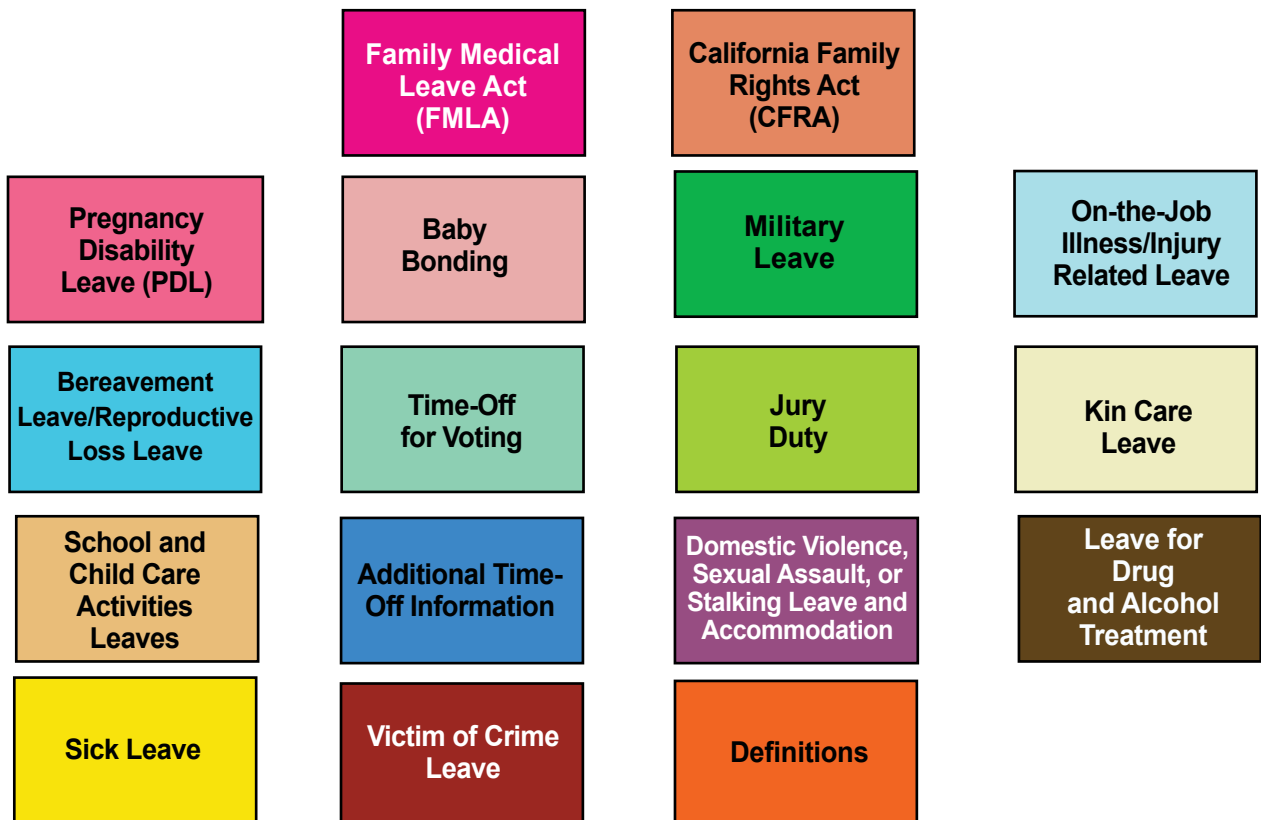
Leave rights give eligible employees the right to take time off without discipline, discrimination, or penalty. The City may require the employee to use accrued paid time off to cover some or all of the leave time in accordance with state and federal law. The use of paid time off will not extend the length of the leave rights to which the employee is otherwise entitled.

It is understood that the employee will not obtain other employment or apply for unemployment insurance while the employee is on leave. Acceptance of other employment while on leave or failure to return on the day agreed without prior approval may be treated as a voluntary resignation. Employees should request any leave in writing as far in advance as possible.

## Types of Leaves

This guide will discuss the leaves available to employees.

[Click on each resource to go directly to the page.](#)





## Procedure for Requesting Leave

**For pregnancy and medical leaves, whether the medical leave is due to the employee or a family member, or designated person, employee must notify the City of Clovis as follows:**

- For foreseeable leaves, employee must submit to their supervisor, in writing, a leave request at least 30 days in advance. Examples of a foreseeable leave are expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or family member.
- For unforeseeable leaves, the employee must submit a written request within 2 business days, except in extraordinary circumstances where such notice is not feasible.
- Provide health care certification or medical note identifying the anticipated duration of the absence. The health care provider's certification should include the following:
  - Beginning date of the serious health condition.
  - Probable duration of the condition.
  - Expected return to work date.
- If the City has knowledge of an employee off work due to a medical condition but the employee has not yet provided a note, the employee may be placed on FMLA/CFRA leave by the City while awaiting a doctor's note.

If the request is to provide care of a family member or designated person, the note from a health care provider should include:

- Amount of time needed for care, and confirmation that the serious health condition warrants the participation of the employee.
- Designated person form must be completed if designating a person other than a qualified family member.

### **For non-medical related leaves:**

- Inform your supervisor as soon as the need for leave is known. Depending upon the type of leave requested, additional documentation may be required.
- For baby bonding leave, provide your supervisor with as much notice as possible for the requested leave date(s).

### **Information for Supervisors:**

- When an employee is off work due to a medical reason that lasts longer than a week or will be an ongoing intermittent leave, please inform Personnel so they may evaluate the potential need for notification of leave rights and to evaluate the need, if any, for an interactive process meeting.
- Forward to Personnel any updated leave notes or updated notes if the dates and reason for the leave changes.

**Procedure once the notice of leave is received:**


- The supervisor will forward the information to Personnel/Risk Management who will determine the adequacy of the medical certification and recommend subsequent authorization of the leave to the City Manager.
- The City will respond to the employee’s request and provide a copy of the written request to the employee’s supervisor.
- Except for certain ineligible employees, employees returning from an approved leave will be reinstated to the same or equivalent position and will be required to provide their supervisor with a medical release from their health care provider prior to starting back to work. This release shall identify all restrictions and limitations, if any, on the employee’s ability to perform the essential functions of their job.

**Medical Certification**

Employees who request medical or family leave longer than 5 days or which they expect will be ongoing intermittent leave, must provide Personnel with a written certification from a healthcare provider within 5 business days from the date the leave was requested. If it is not practical for the employee to obtain the medical certification (or note) within this time frame, it is their responsibility to request an extension from Personnel. Employee requests for additional leave beyond the return date on the medical certification (or note) will require recertification from the health care provider. (For example, if an employee’s return date on the medical certification is October 1st, but the employee needs an additional two weeks of intermittent leave past October 1st, a new medical certification or new note from healthcare provider will be required).

If the employee does not provide medical certification in a timely manner to substantiate the need for family and medical leave, the City may delay approval, or continuation, of the leave until certification is received. If certification is never received, the leave may not be considered family and medical leave, unless otherwise required by law.

**HELPFUL TIP** .....




*If the leave is needed to care for a sick family member or designated person as allowed by law, the employee must provide a certification or note from the health care provider stating:*

- *Date of commencement of the serious health condition.*
- *Probable duration of the condition.*
- *Estimated amount of time for care by the health care provider*
- *Confirmation that the serious health condition warrants the participation of the employee.*

If an employee is absent because of the employee’s own serious health condition for more than 5 days, the City will also require a medical release to return to work note or certification from the employee’s health care provider that the employee is able to resume work. The medical note should state that the employee can return to work, with or without restrictions. A note with restrictions must state the specific restrictions (e.g. no lifting, no climbing ladders, etc.) and the expected end date of the restrictions, or that this is a permanent restriction. A follow up note may be required to state the employee no longer has any restrictions. Employees with restrictions will meet with Personnel at 559-324-2725 to determine if the City is able to accommodate the restrictions. See return to work certification on page 4.

**HELPFUL TIP** .....



*If an employee cites his/her own serious health condition as a reason for leave, the employee must provide a certification or note from the health care provider stating:*

- *Date of commencement of the serious health condition.*
- *Probable duration of the condition.*
- *Inability of the employee to work at all or to perform any one or more of the essential functions of his/her position because of the serious health condition.*

## Return to Work Certification

An employee will not be allowed to return to work from an extended illness until they provide a medical note or medical certification form that states they are able to resume work. The medical note should state that the employee can return to work, with or without restrictions. A note with restrictions must state the specific restrictions (e.g. no lifting, no climbing ladders, etc.) and the expected end date of the restrictions. A follow up note may be required to state the employee no longer has any restrictions. Employees with restrictions will meet with Personnel at 559-324-2725 in an interactive process to determine if the City is able to accommodate the restrictions.

## Benefits and Compensation during Medical and Pregnancy Leaves

### Benefits

While on leave, employees will continue to be covered by the City's group health insurance to the same extent that coverage is provided while the employee is on the job. If an employee fails to return to work after his/her leave entitlement has been exhausted or expires, the City shall have the right to recover its share of health plan premiums for the entire leave period, unless the employee does not return because of the continuation, recurrence, or onset of a serious health condition which would entitle the employee to leave, or because of circumstances beyond the employee's control. If an employee is in an unpaid status while on leave, they will be required to make direct payments to the City for their share of continued benefit coverage as provided by the respective MOU or City's benefits schedule and Personnel Rules and Procedures.

### Compensation

FMLA, CFRA, and Pregnancy Leave is unpaid unless the employee elects to use accrued leave. Additionally, eligible employees may apply for Paid Family Leave through the EDD, or other qualified disability benefits. If any employee requests FMLA, CFRA, or Pregnancy Disability Leave (PDL) permitted under this policy, and chooses to integrate benefits, the employee will use their leave types listed below. The use of leave balances will run concurrently with FMLA, CFRA, or PDL. Employees are not required to use leave balances during their FMLA, CFRA or PDL leave time, and may choose to go on an unpaid status. The use of available leave does not extend the length of the leave, but merely provides compensation to the extent there are available leave balances. Sick and vacation leave will continue to accrue only if the employee is eligible for FMLA, CFRA, and PDL leave and if the employee is in a paid status.

The following paid benefits may be coordinated with leave balances as follows or as otherwise allowed by an MOU:

1. State Disability Insurance or Paid Family Leave- integrate with vacation, personal, or comp time off. Half of the employee's annual accrued sick leave may be used to integrate benefits when caring for an ill qualified family member.
2. PORAC - coordinated into the leave balance that the employee used.
3. Management Paid Disability Benefit - coordinated with sick or vacation leave.

Employees who are integrating benefits as noted above, should review the Disability Integration Policy and steps for using leave balances to supplement disability and paid family leave benefits.

### Disability Benefits

It is the responsibility of the employee on medical leave to apply for State Disability Insurance (SDI) benefits, or other applicable disability benefits. If the employee is unsure what disability benefit they may qualify for, or needs assistance applying for the disability benefit, contact Personnel at 559-324-2725. Disability benefits may be integrated with the accrued paid leave benefits from the City provided such intergration is not greater than the employee's regular salary entitlement.

If the employee's leave balances are exhausted during their Medical leave and the employee meets the eligibility requirements for leave donation policy, the employee can ask for leave donations from other employees (per the City Leave Donation Policy and/or applicable MOU).

### Paid Family Leave

Employees who contributed to State Disability Insurance (SDI) may be eligible for California Paid Family Leave (PFL) wage replacement benefits through the Employment Development Department (EDD). PFL provides limited compensation for up to eight weeks when an employee needs to take leave from work to care for the following:

- A parent
- Parent-in-law
- Child
- Spouse
- Registered domestic partner
- Grandparent
- Grandchild
- Sibling who is seriously ill
- A working parent who wants time to bond with their newborn
- Foster child
- Newly adopted child

The PFL program does not provide employees with a right to leave of absence and is limited to a state-mandated wage replacement benefit.

### **Limitations to FMLA, CFRA and PDL Reinstatement**

There are several exceptions to the reinstatement right under FMLA, CFRA or PDL. An employee may be denied reinstatement if:

- The employee would have lost the job even if he or she hadn't taken leave.
- The employee can't perform an essential function of the job and cannot be reasonably accommodated otherwise.
- The employee took FMLA leave fraudulently (for example, based on a fake or altered medical note).

### **Confidentiality**

All paperwork generated, including applications for leave under this policy, documents relating to return from leave, and the Health Care Provider certifications will be forwarded to the Personnel/Risk Management Division, which will keep such information in the employee's confidential medical file. Any questions you may have that are not addressed in this policy must be directed to Personnel at 559-324-2725.



## **Family Medical Leave Act (FMLA)**

The Family and Medical Leave Act (FMLA) provides unpaid, job-protected leave from work due to the employee's own serious health condition, or because they need to care for their parent, spouse, or child with a serious health condition.

### ***Eligibility***

The City will grant family and medical leave in accordance with federal law in effect at the time. In order to be eligible for family and medical leave benefits, the employee must:

1. Have worked for the City of Clovis for a total of at least 12 months and
2. Have worked at least 1,250 hours over the 12 months prior to the illness for which the leave is being sought.


To request leave, the employee must provide the City with appropriate notice and provide information indicating that the leave is due to an FMLA-protected condition. See Certification section for more details.

### ***Reasons for Leave***

FMLA may be used for one or more of the following reasons:

- The birth or placement of a child for adoption or foster care.
- To care for an immediate family member (spouse, child or parent) with a serious health condition.
- The employee is unable to work because of their own serious health condition.
- An employee who is the spouse, son, daughter, parent, or next of kin of a covered service member shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for the service member.
- For any qualifying exigency because the employee is the spouse, child or parent of a covered active duty member (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.





A leave taken due to a “qualifying exigency” related to military service must be supported by a copy of the service member’s orders.

A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has the following:

- A serious injury or illness incurred in the line of duty on active duty and may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment.
- Recuperation or therapy
- In outpatient status
- On the temporary disability retired list

An employee may be granted FMLA leave for drug or alcohol-related illness as allowed by the City’s Drug and Alcohol Policy.

***Amount of Time***

If eligible, the employee may receive up to a total of 12 workweeks of unpaid leave during a rolling 12-month period. A rolling 12-month period is measured backwards from the first time the employee takes their FMLA leave. The employee may take FMLA leave as either a single block of time or in multiple, smaller blocks of time if medically necessary. The smallest increment of time that can be used for such leave is 4 hours. If an employee and their spouse work for the City the total time may be combined if allowed by law. The City will grant leaves and extensions in accordance with state and federal law in effect at the time and the employee will be advised at that time what conditions apply to that leave or extension.

Except in the case of PDL leave, FMLA leave will run concurrently with other leaves including CFRA as allowed by law.



## **California Family Rights Act (CFRA)**

The California Family Rights Act (CFRA) provides unpaid, job-protected leave from work due to the employee's own serious health condition, or because they need to care for their qualified family member or designated person with a serious health condition. CFRA also provides unpaid, job-protected leave to care or bond with newborn, adopted or fostered children.

### ***Eligibility***

The City will grant family and medical leave in accordance with state and federal law in effect at the time. In order to be eligible for family and medical leave benefits, the employee must:

1. Have worked for the City of Clovis for a total of at least 12 months
2. Have worked at least 1,250 hours over the previous 12 months prior to the illness for which the leave is being sought.

To request leave, the employee must provide the City with appropriate notice and provide information indicating that the leave is due to a CFRA-protected condition. See Certification section for more details.

### ***Reasons for Leave***

Eligible employees can take the leave for one or more of the following reasons:

- The birth of a child or adoption or foster care placement of a child (leave must be commenced within the 12 month period following the child's birth or placement).
- To care for an immediate family member (spouse, registered domestic partner, child, parent, parent-in-law, grandparent, grandchild, or sibling), or designated person with a serious health condition. A designated Person who is defined as any individual related by blood or whose association with the employee is the equivalent of a family relationship.
- The employee is unable to work because of a serious health condition (SHC).
- For any qualifying exigency because the employee is the spouse, registered domestic partner, child, or parent of an individual on active military duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.



### ***Amount of Time***

California Family Rights Act (CFRA) provides eligible employees up to a total of 12 weeks of unpaid job-protected leave during a 12-month period. If eligible, the employee may receive up to a total of 12 workweeks of unpaid leave during a rolling 12-month period. A rolling 12-month period is measured backwards from the first time the employee takes their CFRA leave. The employee may take CFRA leave as either a single block of time or in multiple, smaller blocks of time if medically necessary. The smallest increment of time that can be used for such leave is 4 hours. CFRA leave taken for the birth or placement of a child (baby bonding) will be granted in minimum amounts of two weeks. However, the City will grant a request for a CFRA leave (for birth/placement of a child) of less than two weeks' duration on any two occasions. The City may also grant additional requests for leave lasting less than two weeks at its discretion. Any leave taken must be concluded with one year of the birth or placement of the child.

The CFRA provides time off for persons for the following:

- Personal illness
- Attend to the illness of a family member or designated person
- In connection with the birth, adoption, or placement of a child

CFRA runs concurrently with other leaves except for PDL.



## Sick Leave

### Full-Time Employees

Sick leave is provided to all employee's in accordance with [California's SB 616](#) and the MOU's. The paid sick time off can be used for the following purposes:

- Recovering from physical/mental illness or injury.
- Seeking treatment, diagnosis, or preventive care for oneself.
- Seeking treatment, diagnosis, or preventive care for a qualified family member or designated person. However, the use of sick leave for a qualified family member or designated person is restricted to 48 hours per calendar year, which amounts to half of the annual sick leave accrual. Refer to the [Kin Care](#) page for a list of eligible family members.
- Providing support to a victim of domestic violence, sexual offense, or stalking and accommodating their needs. Sick leave can be used for up to three days in such cases. For more information, please consult the [Domestic Violence](#) page.

### Extra-Help, Part-Time, and Temporary Employees

Beginning January 1, 2024, the City will provide 40 hours of sick leave each year to extra-help employees in accordance with California's SB 616. The paid sick time off can be used for the following purposes:

- Recovering from physical/mental illness or injury.
- Seeking treatment, diagnosis, or preventive care for oneself.
- Seeking treatment, diagnosis, or preventive care for a qualified family member or designated person.
- Providing support to a victim of domestic violence, sexual offense, or stalking and accommodating their needs. Recovering from physical/mental illness or injury.



## **Pregnancy, Childbirth or Related Conditions**

### **Pregnancy Disability Leave**

The California Government Code section 12945 permits an employee disabled by their pregnancy, childbirth, or related medical conditions to take leave for a period not to exceed four months. The FMLA considers pregnancy to be a disability. The CFRA does not consider pregnancy to be a disability since there is another California law, Pregnancy Disability Leave (PDL), which addresses this issue.

PDL provides special protection for individuals with pregnancy related medical conditions to take up to four months off work.

#### **HELPFUL TIP**



*The four months is defined as 17.3 week or 693 hours, which equals one third of a calendar year based on a 40-hour workweek.*

The four months may be taken throughout pregnancy for morning sickness, prenatal visits or other childbirth related medical conditions or taken all at once, during the last weeks of pregnancy and for recovery following delivery. This benefit is only permitted during the period the employee is actually disabled due to pregnancy, as certified by the treating physician. If an employee can still perform their essential job functions with a reasonable accommodation, the employee cannot be forced to go on leave before they and their health care provider request leave.

### ***Eligibility***

- Unlike FMLA & CFRA, PDL has no length-of-service requirement before an employee disabled by pregnancy, childbirth, or related medical condition is entitled to the leave. Newly hired employees are immediately eligible for PDL.
- PDL is per pregnancy, not per year. Miscarriages and pregnancy terminations would be eligible for PDL.
- PDL is available to the pregnant employee who needs time off for disability related to pregnancy, before and after the birth of the child.
- PDL does not provide any time off for bonding time after the birth or placement of a child, in foster care or adoption, however, employees may be eligible for CFRA for Baby Bonding Leave.

### ***Reasons for Leave***

- Unable to perform essential functions of the job, or to perform the functions without undue risk to the employee, the pregnancy's successful completion, or to others.
- Suffering from severe morning sickness.
- Need to take time for prenatal care, postnatal, bed rest, gestational diabetes or pregnancy-induced hypertension or preeclampsia.
- Postpartum depression, childbirth, loss or end of a pregnancy, or recovery from childbirth.
- Additional or more frequent breaks.
- Other pregnancy related limitations.

At the employee's option, the employee can use any accrued paid time off as part of their pregnancy disability leave before taking the remainder of their leave on an unpaid basis. The substitution of any paid leave will not extend the duration of the employees pregnancy disability leave.

Transgender employees who have pregnancy disabilities are entitled to all the same rights and accommodations afforded any other employee with pregnancy-related conditions.

### ***Amount of Time***

PDL entitles an eligible employees up to a maximum of 17 1/3 weeks (693 hours based on a 40-hour work-week) per pregnancy, if they are disabled because of pregnancy, childbirth, or other pregnancy related medical condition. If the employee works less than 40 hours per week, leave is calculated on a pro rata or proportional basis. If an employee's schedule alternates from month to month, the monthly average of the hours worked over the four-month period prior to the beginning of the leave must be used to determine the employee's normal work month. As a result, the total amount of leave available will be based on a one-third year measurement of an employee's normal work schedule.



## Baby Bonding

If eligible, employees may take unpaid Baby Bonding Leave under FMLA/CFRA. Baby Bonding Leave begins when PDL ends and is taken in addition to PDL. Eligibility requires an employee to have 12 months of service with the City and to have worked 1,250 hours in the 12 months immediately preceding the start of FMLA/CFRA. An employee may be eligible for PDL but not FMLA or CFRA even if they do not meet the hours requirement.

### HELPFUL TIP



*Time off on PDL counts towards the 12-month requirement for FMLA/CFRA but not the 1,250 requirement. An employee may become eligible for Baby Bonding while out on PDL if the hour requirement was previously fulfilled.*

Both parents are entitled to take up to 12 weeks of available FMLA/CFRA (or if eligible, 18 weeks of Extended FMLA) in a 12-month period for bonding with a newborn or a child placed with the employee for adoption or foster care. Entitlement must be taken within one year of the child's birth, adoption, or foster care placement. FMLA/CFRA would run concurrently with other leaves as allowed by law.

CFRA leave taken for the birth or placement of a child (baby bonding) will be granted in minimum amounts of two weeks. However, the City will grant a request for a CFRA leave (for birth/placement of a child) of less than two weeks' duration on any two occasions. The City may also grant additional requests for leave lasting less than two weeks at its discretion. Any leave taken must be concluded with one year of the birth or placement of the child.



## **Uniformed Services Employment and Reemployment Rights Act (USERRA) and California Military and Veterans Code**

All employees who perform duties in the uniformed services have reinstatement rights and shall be granted time off to perform such duties in accordance with USERRA (38 USC 4301 through 4335) and California Military and Veterans Code. Uniformed services shall include Army, Navy, Marine Corps, Air Force, Coast Guard (“United States Armed Forces”), and Public Health Services commissioned corps, as well as the reserve components of each of these services, which include Army National Guard and Air National Guard. To ensure timely processing of leave requests, employees shall provide their duty orders to their supervisor as soon as possible after receiving their orders. Reinstatement rights following military leave shall be as follows:

- Employees returning from a military leave of 30 days or less shall be afforded time to return home from active duty and have, at a minimum, an 8-hour rest period before returning to work with the City.
- Employees returning from a military leave of 31-180 days must contact the City within 14 days to request reinstatement.
- Employees returning from a military leave of more than 180 days must contact the City within 90 days to request reinstatement.

Employees who are members of the reserve corps of the United States Armed Forces, the National Guard, or the Naval Militia, or who have been inducted, enlist, enter, or are otherwise ordered or called to active duty as a member of the United States Armed Forces, are entitled to paid military leave and benefits in accordance with the following:

- Eligible employees who are called to active duty, active duty training, encampment, naval cruises, special exercises, or like activity shall receive their regular pay, benefits, and accruals for the initial 30 calendar days of their absence, as if they had remained at work. The 30 days for purposes of paid leave need not be consecutive if the employee is required to take multiple leaves of absence where one or more are shorter than 30 days.



- If an employee's call to active duty, active duty training, encampment, naval cruises, special exercises, or like activity is for a period of more than 30 calendar days, the employee shall be paid the difference between the amount of their military pay and their regular pay with the City of Clovis starting on the 31st day of their leave. The employee must provide the City with a military pay voucher or equivalent in order to determine the differential pay amount. (Note: Pay beyond the initial 30 days will require authorization from City Council by resolution.)
- Employees on military leave may maintain their health care coverage for a period of 24 months from the start of duty, but will be required to pay their portion of the premium for the initial 180 days, as is required when the employee is working at the City, and thereafter, will be responsible to pay the entire cost of coverage. An employee who receives a cash-in-lieu benefit instead of health care coverage, will continue to do so for a period not to exceed 180 days.
- Employees on military leave shall continue to accrue sick leave, and vacation leave, and will maintain seniority as if they had remained uninterrupted in City service.
- Depending on the type of military duty performed during the leave of absence, employees may be entitled to retirement service credits for the period of their absence.

In addition to the leave and benefits rights discussed above, employees who are members of the National Guard who are called to military or naval duty by the Governor during a state of emergency, or as otherwise authorized by law, are entitled to their regular pay, benefits, and accruals for the initial 30 calendar days of their absence, regardless of their length of service with the City of Clovis.

Employees called to inactive duty training, such as weekend drills, may, but are not required to, use their vacation or comp time off to attend these trainings.



## On-the-Job Illness/Injury Related Leave of Absence

If the employee sustains work-related injuries or illness they must inform their supervisor immediately. No matter how minor the on-the-job injury may appear, it is important that it be reported immediately. Reporting procedures are critical to qualify for payment of workers' compensation benefits. The City will grant a workers' compensation disability leave if the employee has an occupational illness or injury in accordance with state law. As an alternative, the City will try to reasonably accommodate the employee with modified work, where such work would be appropriate and is available.

The City will not be responsible for payment of workers' compensation benefit for any injury that arises from the following:

- Employee's voluntary participation in any off-duty recreation.
- Social activity outside of working hours and not mandatory.
- Athletic activity that is not part of the employee's work-related duties.

Temporary disability leave is a benefit that also covers absences for work-related illness or injury. Employees who have a work-related illness or injury are covered by workers' compensation in accordance with the state law and the initial medical treatment is paid time. However, follow up appointments, treatments, or tests are not paid time. If possible, the employee should try to make the appointments before or after work. If the employee has accrued any unused sick leave, the additional absences from work will be paid with the use of sick leave.

If the employee does not have any sick leave available they may choose to substitute vacation/paid time off for any absences associated with their work-related illness or injury.

### HELPFUL TIP



*For more information on workers' compensation benefits, please refer to the [City Workers' Compensation Guide](#)*





## **Bereavement Leave**

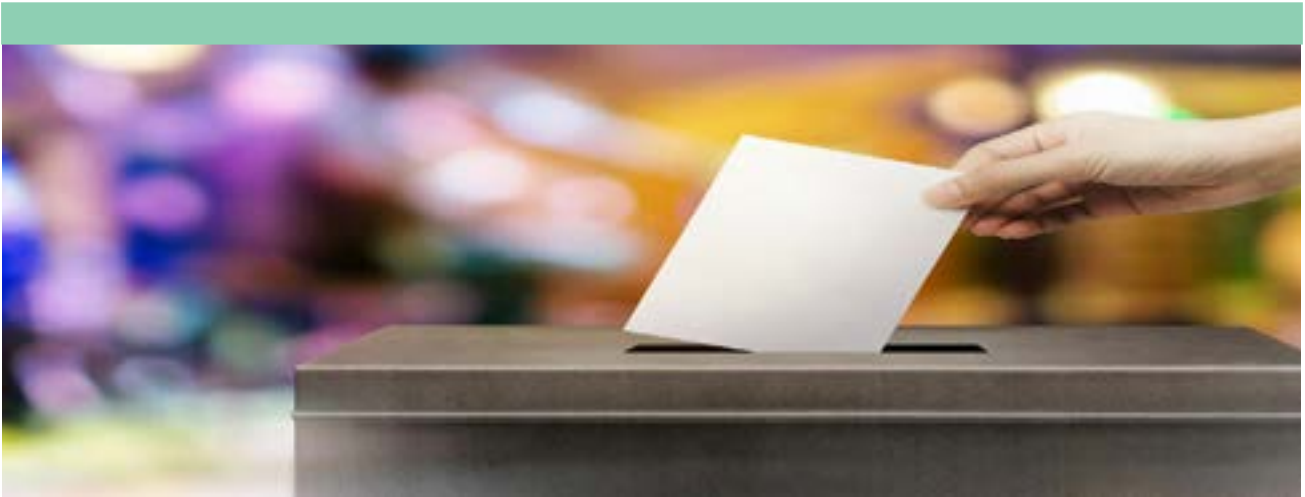
The City provides Bereavement leave to each full-time employee to attend the funeral of any member of the employee's immediate family. Information regarding bereavement leave for represented employees is located in the applicable labor agreement or the represented benefit summary. For management and executive management employees the information is located in the management benefit summary and the executive management benefit summary. Employees can find the information online at <https://cityofclovis.com/general-services/personnel/employee-resources/>.

In accordance with AB 1949, a full-time employee who has worked for the City for at least 30 days has the right to take off up to five days of unpaid bereavement leave for a covered family member within 3 months of the date of death. The five days of unpaid leave will be reduced by any Bereavement Leave taken under the labor agreement or management benefit summary. Covered family member is defined as spouse, child, parent, sibling, grandparent, grandchild, domestic partner, or parent-in-law. Under AB 1949, employees may opt to use vacation, personal time, sick leave, or comp time during any unpaid bereavement leave.

Part-time employees who have worked for the City at least 30 days will have five days unpaid bereavement leave based on their part-time schedule. Employees working a variable part-time schedule are entitled to a total of five days of leave based on when they would normally be scheduled to work.

## **Reproductive Loss Leave**

Eligible employees who experience a reproductive loss event are eligible to take five days unpaid leave. A reproductive loss is defined as a failed adoption, failed surrogacy, miscarriage, stillbirth, or unsuccessful assisted reproduction. An eligible employee is an employee who has been with the City thirty (30) days prior to the commencement of the leave and who would have been a parent if the reproductive event had been successful. Leave must be taken within three months after the reproductive loss but can be intermittent. In the event of multiple losses, unpaid time off is five days unpaid leave per incident, limited to no more than twenty (20) days within a 12-month period. Employees may take the leave unpaid or can opt to use sick leave or vacation time (if applicable) for the reproductive leave.



## **Time-Off for Voting**

Employees are entitled to paid time off to vote at statewide elections if the employee does not have sufficient time outside of working hours to vote. Employees should contact their supervisor at least two working days to prior to Election Day if time off for voting is required.

As much time as needed can be taken, but only two hours of that time will be paid. The time off for voting will be only at the beginning or end of the employee's regular work shift, whichever allows the most free time for voting and the least time off from the regular work shift.



## **Jury Duty and Witness Leave**

It is the civic responsibility of every citizen to serve as a juror when called upon to do so. It is the City's philosophy that a full-time employee should not suffer a major loss of income in the performance of this civic responsibility. If an employee receives a notice to report for jury duty they must notify their supervisor immediately. The employee must provide proof of service which may include a jury summons or a court order to appear in court as a witness for a case.

If the employee is selected for jury duty, the employee shall notify his/her supervisor verbally, and advise him/her of the estimated length of the trial. The employee will receive normal salary and will continue to be paid by the City on the basis of a forty hour work week, at their normal rate of pay. Any compensation, in excess of mileage expenses, received by the employee from the court will be turned over to the City.



### **Kin Care Leave**

Kin care does not provide additional leave, but it does allow paid sick leave to be used by employees, up to half of their accrued annual sick leave benefits, to care for a qualified sick family member. Leave taken under kin care is protected and may not be “counted against” or used as a basis for disciplining an employee for absenteeism.

#### **HELPFUL TIP**



*Family member for the purpose of kin care is defined by Labor Code 233 and 245.5(c) to include:*

- *An employee’s child*
- *Parent*
- *Guardian*
- *Spouse or registered domestic partner*
- *Grandchild*
- *Grandparent*
- *Sibling*
- *Designated Person - complete Designated form attached*



## School and Child Care Activities Leave

Employees are encouraged to participate in the school or child care activities of their child(ren). The employee may request time off, but the absence is subject to all of the following conditions:

- Time off under this policy can only be used by parents, guardians, grandparents, stepparents, foster parents, or a person who is a legal parent to one or more children of the age to attend kindergarten through grade 12 or a licensed child care provider;
- The amount of time off for school or child care activities described below cannot exceed a total of 40 hours each year;
- Covered employees can use the time off to find, enroll, or re-enroll a child in a school or with a licensed child care provider or to participate in activities of the child's school or licensed child care provider. The time off for these purposes cannot exceed eight hours in any calendar month. Employees planning to take time off for these purposes must provide reasonable advance notice to their supervisor.
- Covered employees can also use time off to address a "child care provider or school emergency" if the employee gives notice to the employer. A child care provider or school emergency means that the employee's child cannot remain in a school or with a child care provider due to one of the following:
  - The school or child care provider has requested that the child be picked up, or has an attendance policy (excluding planned holidays) that prohibits the child from attending or requires the child to be picked up from the school or child care provider;
  - Behavioral or discipline problems: If your child is facing suspension from school, and the employee is summoned to school to discuss the matter, the employee should alert their supervisor as soon as possible before leaving work.
  - Closure or unexpected unavailability of the school or child care provider, excluding planned holidays;
  - A natural disaster, including, but not limited to, fire, earthquake, or flood;

Employees must provide their supervisor with documentation from the school or licensed child care provider verifying that they were engaged in these child-related activities on the day and time of the absence. If more than one parent is employed by City, the first employee to request such leave will receive the time off. Another parent will receive the time off only if the leave is approved by the employee's supervisor. Employees must use vacation, CTO, or personal leave in order to receive compensation for this time off; and employees who do not have paid time off available will take the time off without pay. See your MOU for information about leave without pay.



## **Additional Time-Off Information**

The employee has no more leave accruals and has a serious illness or injury or a family member with a serious health condition, they may need some help. The City of Clovis Leave Donation Program may be able to provide the help needed.

The Leave Donation Program allows eligible employees to apply for leave donations from co-workers. Co-workers can voluntarily donate accrued vacation/personal/comp leave to support the employee if they exhausted their paid leave balances. To request donated leave, contact Personnel to provide a written request for donated time. Personnel will work with the employee's bargaining unit.

When an employee has exhausted their leave time and is utilizing donated leave time they will not accrue any leave time. Employees utilizing donated leave time are considered to be on leave without pay status. Once the employee has exhausted their FMLA/CFRA/PDL leaves, the employee must request leave without pay as per their MOU or the City's Personnel Rules and Regulations.

Leave Donation Program benefits may not be used in lieu of other benefits (e.g., sick leave, vacation leave, or State disability). A personal leave of absence without pay may be granted if an employee has exhausted all other applicable leaves. Information on personal leaves without pay for represented employees can be found in the applicable labor agreement and if the employee is not represented by a labor agreement the information is located in the Personnel Rules and Regulations.





## **Domestic Violence, Sexual Assault, or Stalking Leave and Accommodation**

Employees who are victims of domestic violence, sexual assault, and stalking are eligible for unpaid leave. While the leave is generally unpaid, employees can use their paid sick time under California's Healthy Workplaces, Healthy Families Act for the purposes described below.

The employee may also request leave for any of the following purposes:

- To seek medical attention for injuries caused by domestic violence, sexual assault, or stalking.
- To obtain services from a domestic violence shelter, program, or rape crisis center as a result of domestic violence, sexual assault, or stalking.
- To obtain psychological counseling related to experiencing domestic violence, sexual assault, or stalking.
- To participate in safety planning and take other actions to increase safety from future domestic violence, sexual assault, or stalking, including temporary or permanent relocation.
- If they are involved in a judicial action, such as obtaining restraining orders, or appearing in court to obtain relief to ensure their health, safety, or welfare.

Employees who are victims of domestic violence, sexual assault, or stalking and need a reasonable accommodation for their safety at work should contact Personnel. Employees requesting a reasonable accommodation will need to submit a signed written statement, signed by them self or by an individual acting on their behalf, certifying that the accommodation is for the purpose of their safety at work. The City will engage in an interactive process with the employee to identify possible accommodations. The employee should notify the City if an approved accommodation is no longer needed.

The City requires certification demonstrating that the employee is the victim of domestic violence, sexual assault, or stalking. The City may request recertification every six months from the date of the previous certification.

The City will, to the extent allowed by law, maintain the confidentiality of an employee requesting leave under this provision.



## Leave for Drug and Alcohol Treatment

City will reasonably accommodate employees who need to request leave for current drug use and alcohol treatment, on a case by case basis. The leave is unpaid, but employees will be permitted to use any available sick, vacation, or CTO time. To request leave for drug and alcohol treatment, please make a written request to Personnel Division.

### HELPFUL TIP



Additional information may be found on-line at <https://cityofclovis.com/general-services/personnel/employee-resources/>



## Victim of Crime Leave

An employee who is a victim of a qualifying act of violence, or has a family member who is a victim of certain serious crimes may take time off from work, regardless of whether anyone is arrested for, or convicted of committing any crime. Time off from work will be granted to attend judicial proceedings related to the crime or to attend proceedings involving the rights of the victim. A qualifying act of violence is defined as:

- Domestic violence
- Sexual assault
- Stalking
- An act, conduct, or pattern of conduct that includes any of the following:
  - In which an individual causes bodily injury or death to another individual.
  - In which an individual exhibits, draws, brandishes, or uses a firearm, or other dangerous weapon, with respect to another individual.
  - In which an individual uses, or makes a reasonably perceived or actual threat to use, force against another individual to cause physical injury or death.

A family member of a crime victim may be eligible to take this leave if he/she is related to the crime victim as follows:

- Spouse
- Parent
- Child
- Sibling
- Registered domestic partner

Other family members may also be covered, depending on the purpose of the leave.

The employee must provide reasonable advance notice of their need for leave and documentation related to the proceedings may be required. If advance notice is not possible, the employee must provide appropriate documentation within a reasonable time after the absence. Any absence from work to attend judicial proceedings or proceedings involving victim rights will be unpaid, unless the employee chooses to take paid time off including vacation, personal leave, sick leave, or comp time.

## LINKS FOR WAGE REPLACEMENT

This guide provides comprehensive information related to employee leave rights. Below are links to common situations regarding leaves. Additional information related to leaves, laws, and rights are included in the index following the various situations.

This policy provides information about the benefits you may be eligible for when taking a leave of absence and checklists to help guide you.

For additional information about time away from work policies at the City of Clovis, please contact Personnel at (559) 324-2725.

Click the shape below to choose the situation and learn about wage replacement benefits and what you need to do to make your time away from work - and your transition back - go as smoothly as possible.



### **I'M HAVING A BABY**

**pg. 27**

Time off for new moms



### **I'M WELCOMING A NEW CHILD INTO THE FAMILY**

**pg. 31**

Time off for spouses/partners, adoptive parents, and foster parents



### **I NEED TIME OFF TO GET WELL**

**pg. 34**

Time off to recover from a serious injury or illness



### **I NEED TO CARE FOR A FAMILY MEMBER**

**pg. 37**

Time off to care for a spouse, partner, child, parent or parent-in-law with a serious health condition



### **I AM LEAVING FOR MILITARY TRAINING OR ACTIVE DUTY**

**pg. 40**

For military obligation, employees may be eligible for military leave.



# I'M HAVING A BABY

## TIME-OFF FOR NEW MOMS

Congratulations! You are welcoming a new child into your family, and there is a lot to think about. Rest assured, both job protection benefits and in most cases paid leave benefits are available during your maternity leave. How much you get paid and for how long depends on a number of factors.

| MATERNITY LEAVE CHECKLIST  |
|--|
| <b>BEFORE LEAVE</b>  |
| <p><b>FIRST TRIMESTER</b></p> <ul style="list-style-type: none"> <li>• Determine if you need to save sick and vacation accruals.</li> <li>• Contact Personnel for information.</li> <li>• Give advance notice to your Supervisor - as a City employee you are required to give 5 business days notice for foreseeable needs for FMLA/CFRA and/or PDL. If an absence or leave cannot be anticipated 5 business days in advance, you must give notice as soon as practical.</li> </ul> <p><b>THIRD TRIMESTER</b></p> <ul style="list-style-type: none"> <li>• Provide Personnel with a Medical Certificate Form or Medical Note.</li> <li>• File a claim with EDD - <a href="#">apply online</a>.</li> </ul> |
| <b>DURING LEAVE</b>  |
| <ul style="list-style-type: none"> <li>• Discuss your return to work plan with your supervisor.</li> <li>• Confirm your bonding plan with Personnel.</li> </ul> <p><b>WITHIN 30 DAYS AFTER BIRTH</b></p> <ul style="list-style-type: none"> <li>• Enroll your baby in the benefits plans. Contact Personnel for forms.</li> <li>• Provide a note from your doctor stating when you are able to return to work.</li> </ul>  |
| <b>RETURNING FROM LEAVE</b>  |
| <ul style="list-style-type: none"> <li>• Notify Personnel.</li> <li>• Provide Personnel with a medical note or medical certification form that states you are able to return to work with or without restrictions.</li> </ul>  |

## Job Protection

The Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), and Pregnancy Disability Leave (PDL) offer job protection before and after the birth of your child. If you are eligible, all three leaves guarantee reinstatement to the same or equivalent position when you return to work. The chart below outlines the maximum workweeks you are entitled to under each leave.

| MATERNITY LEAVE CHECKLIST           |   |   |
|-------------------------------------|---|---|
|                                     | REASON  | HOW LONG?   |
| Family Medical Leave Act (FMLA)     | <ul style="list-style-type: none"> <li>• Pregnancy-related disability</li> <li>• Bond with your new baby or newly adopted or foster care child</li> </ul>   | <ul style="list-style-type: none"> <li>• Up to 12 weeks</li> </ul>  |
| California Family Rights Act (CFRA) | <ul style="list-style-type: none"> <li>• Bond with your new baby or newly adopted or foster care child</li> </ul>   | <ul style="list-style-type: none"> <li>• Up to 12 weeks</li> </ul>  |
| * Pregnancy Disability Leave (PDL)  | <ul style="list-style-type: none"> <li>• Prenatal/Postnatal Care</li> <li>• Severe morning sickness</li> <li>• Doctor-ordered bed rest</li> <li>• Recovery from childbirth</li> <li>• Other pregnancy-related medical conditions</li> </ul> | <ul style="list-style-type: none"> <li>• Up to 4 months pregnancy</li> <li>• Runs concurrently with FMLA</li> </ul> |

\* Your health care provider determines the actual amount of time that you are considered to be disabled by the pregnancy, childbirth or related medical condition.

## Pay During Leave

Most City of Clovis employees are eligible for California State Disability Insurance (SDI) and Paid Family Leave (PFL). Management, Fire and Police personnel do not pay into SDI and are eligible for disability through other programs. For employees that pay California State Disability Insurance (SDI), Disability and Paid Family Leave (PFL) are available for maternity leave and baby bonding. You may coordinate your benefits with the City by using your sick leave for SDI and vacation, comp, or personal time for PFL.

### California State Disability Insurance (SDI)

- The usual period for SDI benefits is up to four weeks before your expected due date and six weeks (normal delivery) or eight weeks (Cesarean section) after birth. For information and to apply, visit EDD online.
- SDI pays about 60% of your pay during your leave depending on your income, up to a weekly maximum. You can use the [Disability/PFL Calculator on the CA SDI website](#) to estimate your payment.

You can elect to coordinate your SDI benefits with the City by using your leave time. See the separate City of Clovis SDI/PFL Integration Policy for details and contact Personnel at (559) 324-2725 to complete the required documents.

### Paid Family Leave (PFL)

- After SDI benefits end, you are eligible for PFL benefits to bond with your baby.
- PFL pays about 60% of your pay depending on your income, up to a weekly maximum.
- You can elect to coordinate your PFL benefits with the City by using your vacation, comp, or personal time.
- Sworn Personnel should see their bargaining unit representative for details about benefits.
- You can use the [Disability/PFL Calculator on the CA SDI website](#) to estimate your payment.

| WAGE REPLACEMENT BENEFITS           |  |   |   |
|-------------------------------------|--|---|---|
|                                     | REASON   | HOW MUCH?   | HOW LONG?   |
| California State Disability (SDI)   | <ul style="list-style-type: none"> <li>• Pregnancy-related disability</li> </ul> | <ul style="list-style-type: none"> <li>• Provides about 60% of your pay, depending on your income.</li> </ul> | <ul style="list-style-type: none"> <li>• Generally up to four weeks before your expected due date and for six weeks (normal delivery) or eight weeks (Cesarean) after birth.</li> </ul> |
| Paid Family Leave (PFL) through SDI | <ul style="list-style-type: none"> <li>• Bonding with your new baby</li> </ul>   | <ul style="list-style-type: none"> <li>• Provides about 60% of your pay, depending on your income.</li> </ul> |   |
| Lincoln Financial (Management)      | <ul style="list-style-type: none"> <li>• Pregnancy related disability</li> </ul> | <ul style="list-style-type: none"> <li>• Benefit not available through Lincoln</li> </ul>                     |   |

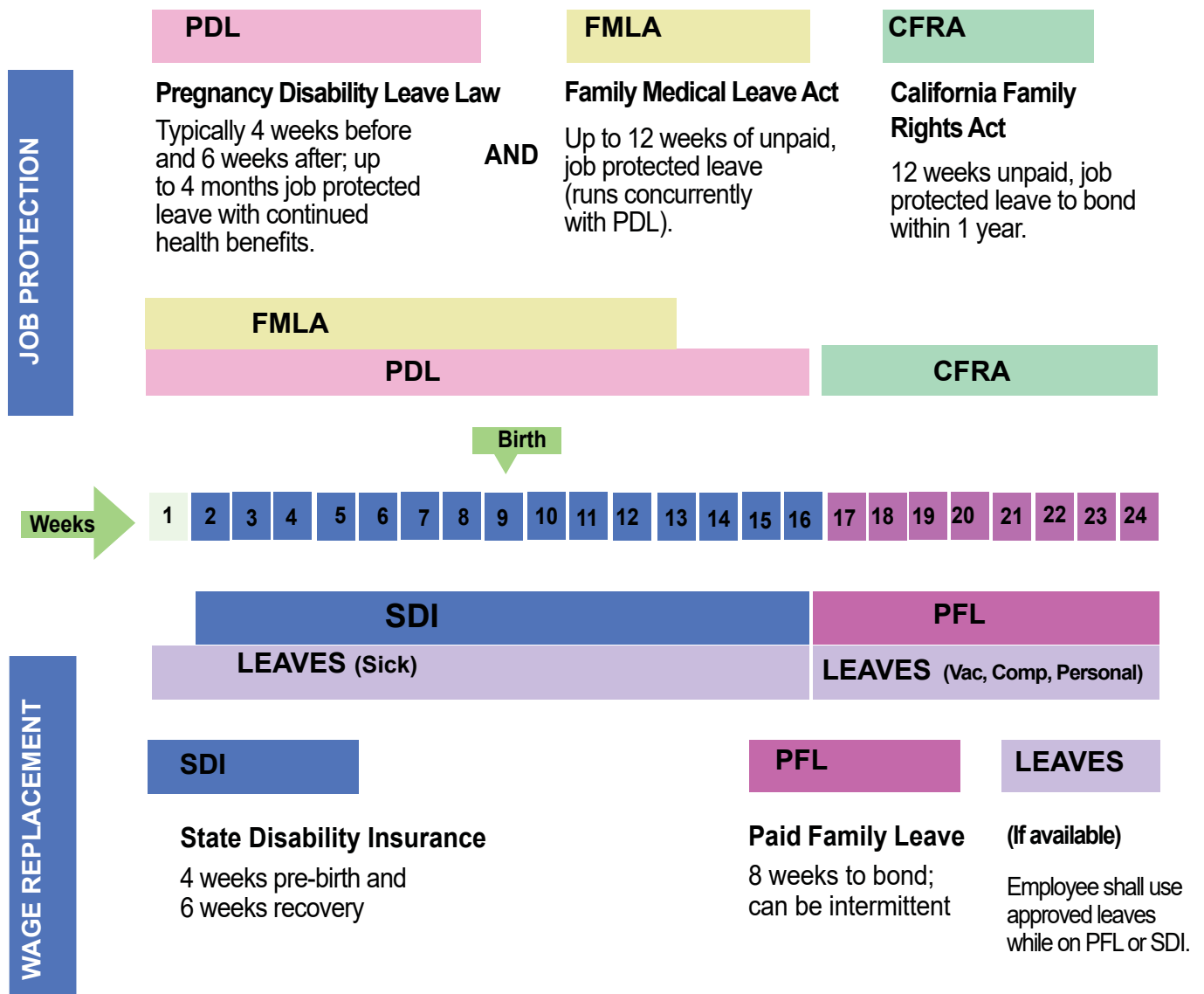
## Maternity Time-Off Example

### OLIVIA: A HEALTHY PREGNANCY & NORMAL DELIVERY

Olivia goes into labor prior to the start of her leave and files a claim with the EDD for disability benefits when her child is born. Because she has a normal delivery (not a Cesarean), she receives five weeks of paid leave from SDI after a seven day waiting period. During this time she coordinates her SDI benefits with the City by using her sick leave. After six weeks, she is no longer disabled, so her disability benefits end.

Olivia then takes eight weeks of Paid Family Leave. While Olivia is on Paid Family Leave she integrates her PFL benefits with the City by using her leaves.

During the first twelve weeks, FMLA protects Olivia's job. PDL runs concurrently with FMLA and continues while she is disabled, up to four months. Once her disability benefits and FMLA end, CFRA offers job protection for the remaining leave.







# I'M WELCOMING A NEW CHILD INTO MY FAMILY

## TIME-OFF FOR SPOUSES/PARTNERS, ADOPTIVE PARENTS, AND FOSTER PARENTS

When your family grows, you may want to take some time off to bond with a new baby or child, including adopted and foster children.

### PARENTAL LEAVE CHECKLIST

#### BEFORE LEAVE

- Meet with Personnel to discuss options for pay while on leave.
- Give advance notice to your Supervisor - as a City employee you are required to give 30 days notice for foreseeable needs for FMLA/CFRA and/or PFL. If an absence or leave cannot be anticipated 30 days in advance, you must give notice as soon as practical.

#### DATE OF LEAVE

- Provide a copy of Record of Birth from the hospital, adoptions, or foster records to Personnel to apply for FMLA/CFRA.
- File a claim with EDD to [apply](#) for Paid Family Leave (PFL) benefits.
- Confirm with Personnel your bonding plan.

#### WITHIN 30 DAYS OF BIRTH/ADOPTION

- Enroll your baby/new child in benefit plans.

#### RETURNING FROM LEAVE

- Notify Personnel and your Supervisor.

## Job Protection

The Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) offer job protection for new parents to take time off to bond with a new child. If you are eligible, you are guaranteed reinstatement to the same or equivalent position when you return to work. CFRA generally mirrors the federal FMLA and runs concurrently if you are eligible for both. The chart below outlines the maximum workweeks you are entitled to under each leave, within 12 months of the child's birth, adoption, or start of foster care.

| JOB PROTECTION BENEFITS             |   |  |
|-------------------------------------|---|--|
|                                     | REASON  | HOW LONG?  |
| Family Medical Leave Act (FMLA)     | <ul style="list-style-type: none"> <li>Bond with your new baby or newly adopted or foster care child</li> </ul> | <ul style="list-style-type: none"> <li>Up to 12 weeks</li> </ul> |
| California Family Rights Act (CFRA) | <ul style="list-style-type: none"> <li>Bond with your new baby or newly adopted or foster care child</li> </ul> | <ul style="list-style-type: none"> <li>Up to 12 weeks</li> </ul> |

## Pay During Leave

Most City of Clovis employees are eligible for Paid Family Leave (PFL). Management, Fire, and Police personnel do not pay into SDI and are not eligible for Paid Family Leave. You should use your own vacation, personal, or comp while out on Paid Family Leave.

- PFL from the EDD pays about 60% of your pay, depending on your income, up to a weekly maximum. You may be eligible for up to eight weeks.
- You can elect to coordinate your PFL benefits with the City by using vacation, comp, or personal leave.
- Sworn Personnel should see their bargaining unit representative for details about benefits.

| WAGE REPLACEMENT BENEFITS           |  |  |  |
|-------------------------------------|--|--|--|
|                                     | REASON   | HOW MUCH?  | HOW LONG?  |
| Paid Family Leave (PFL) through SDI | <ul style="list-style-type: none"> <li>To bond with a new child you have welcomed in the past 12 months</li> </ul> | <ul style="list-style-type: none"> <li>Provides about 60% of your pay, depending on your income</li> </ul> | <ul style="list-style-type: none"> <li>Up to eight weeks must be taken within one year of birth or adoption</li> </ul> |
| Lincoln Financial (Management)      | <ul style="list-style-type: none"> <li>Bonding with your new child</li> </ul>                                      | <ul style="list-style-type: none"> <li>Benefit not available through Lincoln</li> </ul>                    |  |

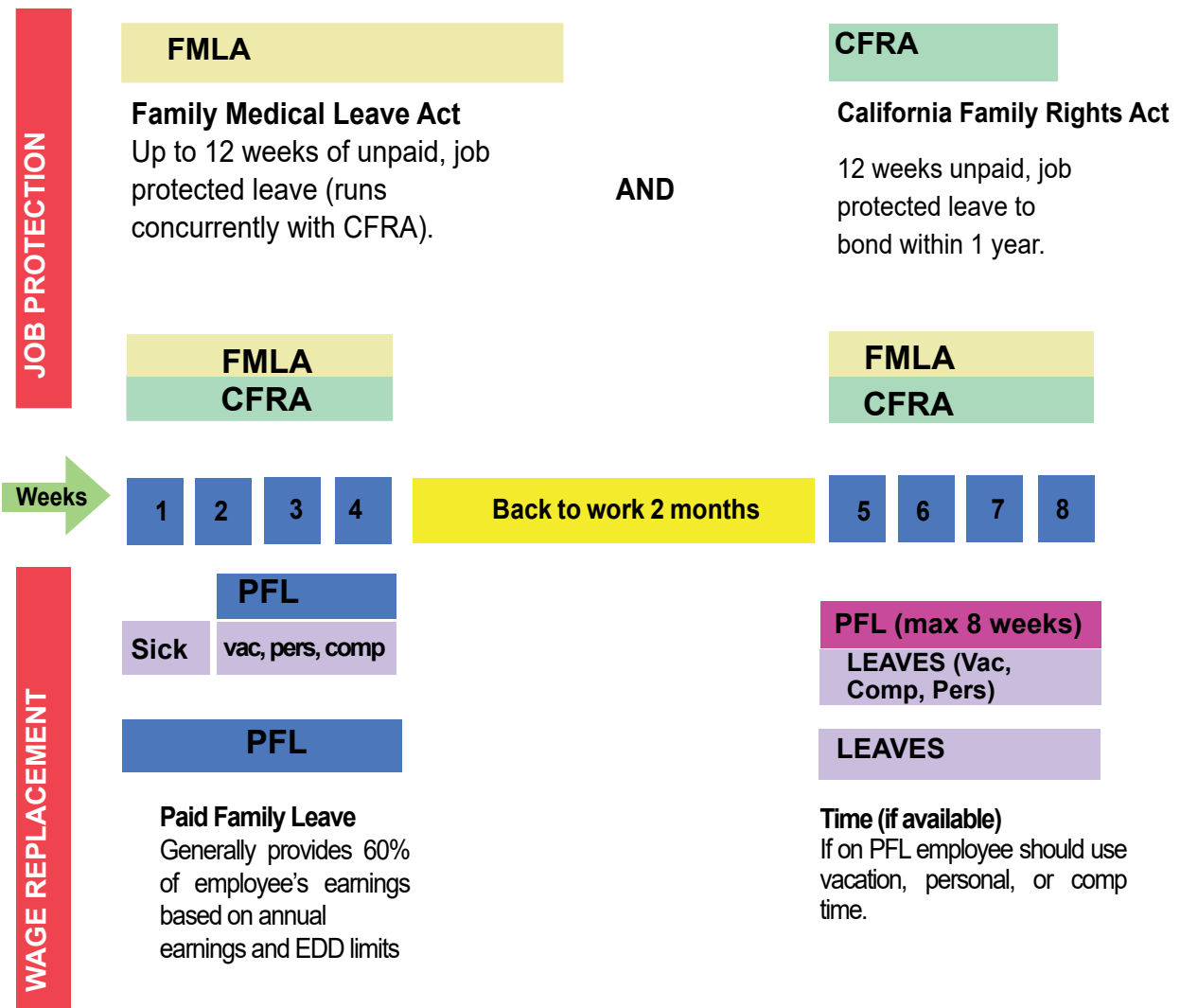
# Parental Leave Time-Off Example

## JAMES: WELCOMING A NEW BABY

James’s wife, Sally, is having a baby. Sally needs care after the birth and James has a note from his doctor stating he needs to care for her. James can use up to 48 hours of his own sick leave during this time.

After Sally has recovered, James elects to take two more weeks off and integrate his PFL benefits with the City by using his vacation, personal, or comp time.

James then comes back to work for two months. He uses another four weeks intermittently over the next five months and uses his vacation, personal, or comp time to integrate benefits with the City. During his entire leave, FMLA and CFRA protect James’s job. James will take the additional two weeks before the end of the 12 months period allowed to complete his bonding leave.





## I NEED TIME OFF TO GET WELL

### TIME-OFF TO RECOVER FROM A SERIOUS INJURY OR ILLNESS

Sometimes life takes a turn we're not expecting, which might include sudden illness or injury. If you become ill or disabled and are unable to work, you can take time off of work so you can focus on recovering.

#### DISABILITY CHECKLIST

##### BEFORE LEAVE

- Meet with Personnel to discuss options for pay while on leave.
- Give advance notice to your Supervisor - as a City employee you are required to give 5 business days notice for foreseeable needs for FMLA/CFRA. If an absence or leave cannot be anticipated 5 business days in advance, you must give notice as soon as practical.
- Ensure your **Medical Certificate** is complete and sufficient.

##### DATE OF LEAVE

- Your supervisor will complete timecards on your behalf while you are on leave.
- Discuss plans to return to work with your supervisor.
- Contact Personnel to update your expected return date or provide an updated medical note to extend your leave.

##### RETURNING FROM LEAVE

- Notify Personnel and your supervisor.
- Provide Personnel with a medical note or medical certification form that states you are able to return to work with or without restrictions.

## Job Protection

The Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) offer job protection if you are unable to work due to a serious health condition. If you are eligible, you are guaranteed reinstatement to the same or equivalent position when you return to work. CFRA generally mirrors the federal FMLA and runs concurrently if you are eligible for both. The chart below outlines the maximum workweeks you are entitled to under each leave in a calendar year.

| JOB PROTECTION BENEFITS             |                  |
|-------------------------------------|------------------|
|                                     | HOW LONG?        |
| Family Medical Leave Act (FMLA)     | • Up to 12 weeks |
| California Family Rights Act (CFRA) | • Up to 12 weeks |

## Pay During Leave

Most City of Clovis employees are eligible for California State Disability Insurance (SDI) for non-work related injuries and illnesses. Management, Fire, and Police personnel do not pay into SDI and are eligible for disability through other programs.

California State Disability Insurance (SDI) is available if you pay into SDI and need to be off work for more than a week due to a serious illness or injury. You will use your own leaves to coordinate benefits with the City. Here's how it works:

### California State Disability Insurance (SDI)

- You can receive SDI benefits for up to 52 weeks for serious illness or injury.
- SDI pays about 60% of your pay during your leave depending on your income, up to a weekly maximum.
- You can use the Disability/PFL Calculator on the CA SDI website to estimate your payment.
- You can elect to coordinate your SDI benefits with the City by using your leave balances.
- There is a seven day waiting period before disability benefits begin. During this time, you should use your own sick leave.

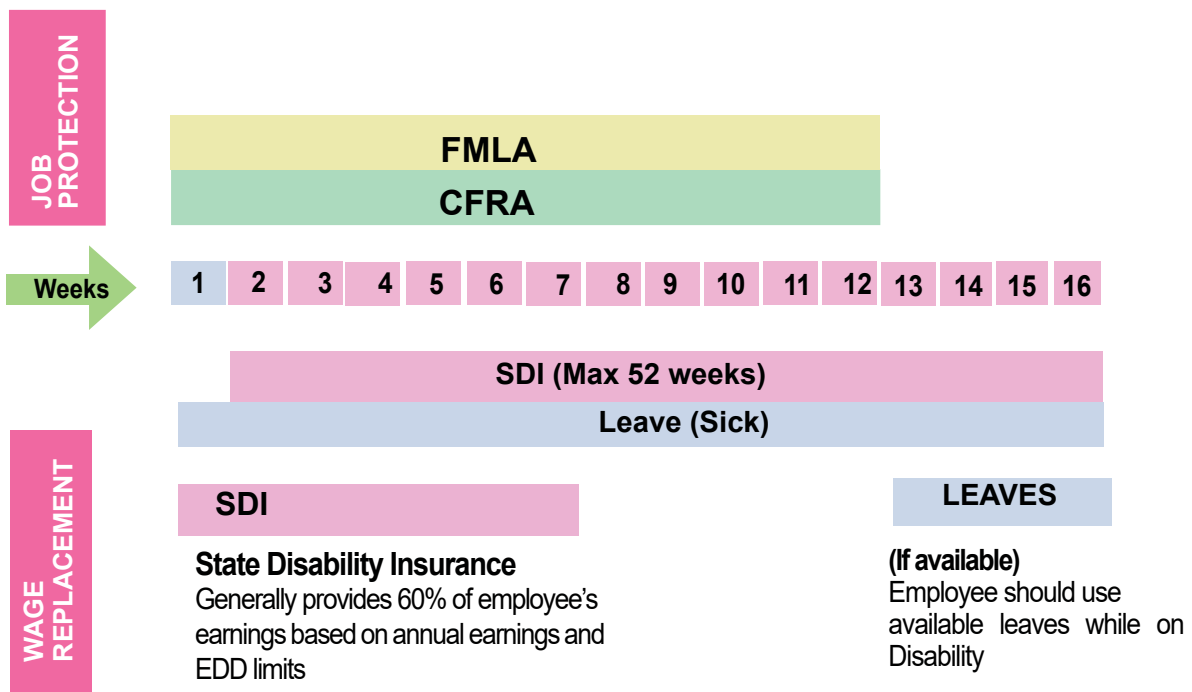
## WAGE REPLACEMENT BENEFITS

| REASON                            | HOW MUCH?  | HOW LONG?  |
|-----------------------------------|--|--|
| California State Disability (SDI) | <ul style="list-style-type: none"> <li>• Serious illness or injury</li> </ul>                      | <ul style="list-style-type: none"> <li>• Provides about 60% of your pay, depending on your income</li> <li>• Up to 52 weeks</li> </ul> |
| Lincoln Financial (Management)    | <ul style="list-style-type: none"> <li>• Serious illness or injury</li> </ul>                      | <ul style="list-style-type: none"> <li>• Provides about 60% of your pay, depending on your income</li> <li>• Up to 50 weeks</li> </ul> |
| Sworn Personnel                   | <ul style="list-style-type: none"> <li>• See bargaining unit representative for details</li> </ul> |  |

## WILLIAM: RECOVERING FROM SURGERY

William is in a car accident and misses four months of work while he recovers from surgery. William uses his sick leave while he is out. Beginning the second week of his leave, William receives a percentage of his pay through SDI. William uses leave and coordinates benefits with the City.

For the first 12 weeks, FMLA and CFRA protect William's job. After his 12 weeks of leave, Williams's job is not protected, but he may be able to return to his job if a business need exists.





## I NEED TO CARE FOR A FAMILY MEMBER

If you need time off to care for a family member who has a serious health condition, you may be eligible to take job-protected leave so you can be present for the people who matter most.

### FAMILY LEAVE CHECKLIST

#### BEFORE LEAVE

- A note is required.
- Meet with Personnel to discuss options for pay while on leave.
- File a claim with EDD to **apply** for Paid Family Leave (PFL) benefits (if applicable).

#### DATE OF LEAVE

- Your supervisor will complete timecards on your behalf while you are on leave.
- Discuss plans to return to work with your supervisor.
- Contact Personnel to update your expected return date or provide an updated medical note to extend your leave.

Complete a [Designated Person form](#) if other than a qualified family member.

#### RETURNING FROM LEAVE

- Notify Personnel and your supervisor.

## Job Protection

The Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) offer job protection if you need time off work to care for a family member or designated person. If you are eligible, you are guaranteed reinstatement to the same or equivalent position when you return to work. CFRA generally mirrors the federal FMLA and runs concurrently if you are eligible for **both**. The chart below outlines the maximum workweeks you are entitled to under each leave in a calendar year.

| JOB PROTECTION BENEFITS             |  |   |
|-------------------------------------|--|---|
| Family Medical Leave Act (FMLA)     | <ul style="list-style-type: none"> <li>Care for a family member who has a serious health condition. Eligible family members include your child, spouse, or parent.</li> <li>Care for a seriously ill or injured service member or covered veteran includes spouse, child, parent or next kin.</li> </ul> | <ul style="list-style-type: none"> <li>Up to 12 weeks</li> <li>May be able to take up to 12 weeks of unpaid leave for Qualifying Exigency.</li> </ul> |
| California Family Rights Act (CFRA) | Care for family member who has a serious health condition. Eligible family members include your: Spouse, registered domestic partner, parent, parent-in-law, sibling, grandparents, grandchildren and designated person. See definition of designated person on <a href="#">page 43</a> .                | <ul style="list-style-type: none"> <li>Up to 12 weeks</li> </ul>  |

## Pay During Leave

Most City of Clovis employees are eligible for Paid Family Leave (PFL). Management, Fire, and Police personnel do not pay into SDI and are not eligible for Paid Family Leave. Full time employees can use 48 hours in a calendar year to care for a seriously ill family member or designated person. After that, you should use your own vacation, personal, or comp leave while out on Paid Family Leave.

- PFL from the EDD pays about 60% of your pay, depending on your income, up to a weekly maximum. You may be eligible for up to eight weeks.
- You can elect to coordinate your PFL benefits with the City by using your vacation, personal, or comp leave.



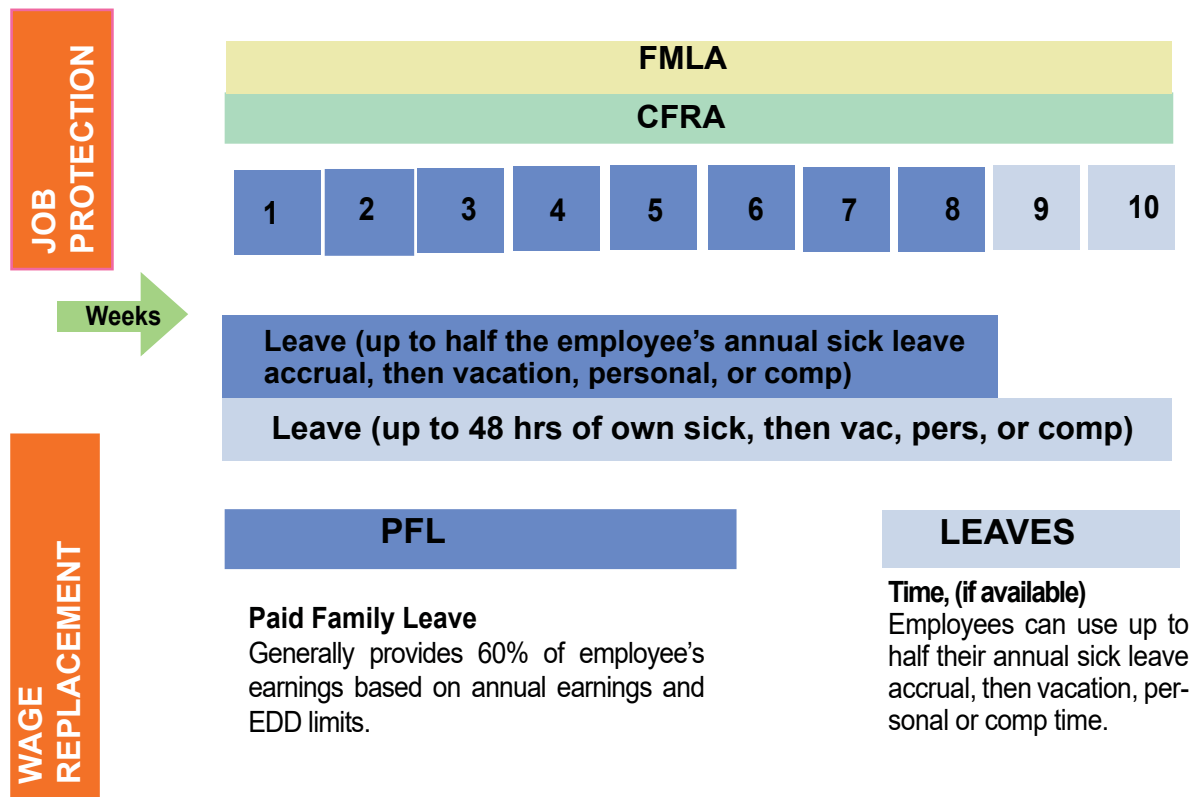
## WAGE REPLACEMENT BENEFITS

| REASON                              | HOW MUCH?  | HOW LONG?   |
|-------------------------------------|--|---|
| Paid Family Leave (PFL) through SDI | <ul style="list-style-type: none"> <li>Caring for a seriously ill family member</li> </ul>       | <ul style="list-style-type: none"> <li>Provides about 60% of your pay, depending on your income</li> <li>Up to eight weeks</li> </ul> |
| Lincoln Financial (Management)      | <ul style="list-style-type: none"> <li>Caring for a seriously ill family member</li> </ul>       | <ul style="list-style-type: none"> <li>Benefit not available through Lincoln</li> </ul>   |
| Sworn Personnel                     | <ul style="list-style-type: none"> <li>See bargaining unit representative for details</li> </ul> |   |

### Family Care Leave Time-Off Example

#### BEN: CARING FOR AGING PARENTS

Ben's mother becomes seriously ill and needs constant care. He takes eight weeks off to care for her. While he is away, he receives Paid Family Leave, he chooses to coordinate benefits with the City. Throughout the year, he takes two additional two week periods off to care for her. FMLA and CFRA protect Ben's job for the full twelve weeks.





## I AM LEAVING FOR MILITARY TRAINING OR ACTIVE DUTY

If you are a member of any branch of the military service (including the Army, Navy, Marine Corps, Air Force, Coast Guard, Reserves, or National Guard), you are entitled to Military Leave to fulfill your military service obligation, as required by federal and state law.

### MILITARY LEAVE CHECKLIST

#### BEFORE LEAVE

- Provide your supervisor with a copy of your orders as soon as possible.
- Active Duty: Schedule an appointment with Personnel to discuss health benefits and pay while on leave.

#### DURING LEAVE

- Active Duty: Submit a copy of your Leave and Earnings Statement (LES) to Personnel if 31 days or more.

#### RETURNING FROM LEAVE

- Notify Personnel and your supervisor.

## Job Protection

You are guaranteed reinstatement to the same or equivalent position when you are released from military service. You must return to work within a certain number of days, depending on your length of service:

| Length of Service            | Deadline to report back to work*   |
|------------------------------|--|
| 1 - 30 Days or up to 30 days | <ul style="list-style-type: none"> <li>Your first regularly scheduled work period on the calendar day after you completed your service and had a minimum of 8 hours rest.</li> </ul> |
| 31 - 180 Days                | <ul style="list-style-type: none"> <li>14 days after you complete your service.</li> </ul>   |
| 180 Days or More             | <ul style="list-style-type: none"> <li>90 days after you complete your service.</li> </ul>   |

\* Refer to the [Uniformed Services Employment and Reemployment Rights Act \(USERRA\)](#) for additional scenarios and exceptions.

## Pay During Leave

You may be eligible to receive pay from City of Clovis while you are on leave for military service.

| WAGE REPLACEMENT BENEFITS FOR ACTIVE DUTY   |  |
|---|--|
| BENEFIT   | DURATION   |
| <ul style="list-style-type: none"> <li>Regular pay up to 30 calendar days per year.</li> <li>City of Clovis supplements your military base pay to equal your City base pay.</li> <li>Health Insurance benefits will be maintained.</li> </ul> | <ul style="list-style-type: none"> <li>For the first 30 calendar days per year.</li> <li>Starting the 31st day.</li> <li>Benefits continue for 24 months. Employee pays their portion for the first 180 days, thereafter, pays the entire cost.</li> </ul> |

# DEFINITIONS

## 12-Month Period

A rolling 12-month period, measured backwards from the date leave is take.

## Active Duty (Covered)

On active duty or has been notified of an impending call or order to active duty in support of a contingency operation and requires deployment to a foreign country.

## Continuing Treatment

A Serious Health Condition involving continuing treatment by a Health Care Providers includes any one or more of the following:

1. A period of incapacity (i.e., inability to work or to perform other regular daily activities due to the Serious Health Condition) of more than three consecutive full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also involves:
  - A. Treatment two or more times by a Health Care Provider, by a nurse or physician's assistant under direct supervision of a Health Care Provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a Health Care Provider within 30 days of the period of incapacity; or
  - B. Treatment by a Health Care Provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the Health Care Provider.
2. Any period of incapacity due to pregnancy, or for prenatal care.
3. Any period of incapacity or treatment for such incapacity due to a chronic Serious Health Condition. A chronic Serious Health Condition is one that:
  - A. Requires periodic visits (at least two visits to a healthcare provider per year) for treatment by a Health Care Provider, or by a nurse or physician's assistant under direct supervision of a Health Care Provider;
  - B. Continues over an extended period of time (includes recurring episodes of a single underlying condition); and
  - C. May cause episodic rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.)
4. A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a Health Care Provider. Examples include Alzheimer's disease, a severe stroke, or the terminal stages of a disease.

5. Any period of absence to receive multiple treatments (including any recovery period) by a Health Care Provider or by a provider of health care services under orders of, or on referral by, a Health Care Provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer, severe arthritis, or kidney disease. (Note: Any period of incapacity that results from pregnancy or a chronic condition is a qualifying event under this policy even if the employee does not receive treatment from a Health Care Provider or the absence does not last more than three (3) days).

#### Designated Person

Any individual related by blood or whose association with the employee is the equivalent of a family relationship. The designated person may be identified by the employee at the time the employee requests the leave. An employer may limit an employee to one designated person per 12-month period for family care and medical leave.

#### Eligible Employee

An employee who (1) has been employed for a total of 12 months by the City at any time prior to the commencement of FMLA/CFRA leave, including paid and unpaid leave; AND (2) has actually worked for the City at least 1,250 hours during the previous 12-month period, on the date on which any FMLA leave is to commence; and (3) who meets all of the other requirements set forth in applicable law (see guidelines for eligibility requirements).

If an employee is not eligible for CFRA leave at the start of leave because the employee has not met the 12-month length of service requirement, the employee may become eligible while on leave, as this time counts the length of service requirements (although not for the 1,250 hour requirements).

#### Family Member

A spouse/registered domestic partner, son, daughter, parent (not-parents-in-law), grandparents, grandchild, or sibling.

#### Family Relationships under Military Leave


Several new family relationship definitions have been added due to the incorporation of the military family leave provisions. They include “parent of a military member,” “son or daughter of a military member,” “next of kin of a military member,” and “son or daughter on active duty or call to active duty status.”

Eligible family members of a veteran may now take Military Caregiver Leave if the veteran has incurred injuries or illnesses in the line of duty, provided that the medical treatment occurs within five (5) years of the veteran’s membership in the Armed Forces.

#### Health Care Provider

A Health Care Provider is any of the following:

1. A doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices.
2. A podiatrist, dentist, clinical psychologist, optometrist, or chiropractor (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice under state law and performing within the scope of his or her practice as defined by state law;

- 
3. Nurse practitioners, nurse-midwives and clinical social workers who are authorized to practice under state law who are performing within the scope of their practice as defined under state law, and;
  4. Christian Science practitioners, as specified in the Family and Medical Leave Act.
  5. Any Health Care Provider from whom an employer or a group health plan's benefits manager will accept certification of the existence of a Serious Health Condition to substantiate a claim for benefits.
  6. A Health Care Provider, as defined above, who practices in a country other than the United State, who is licensed to practice in accordance with the laws and regulations of that country.

#### Intermittent Leave

Leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time. Leave may include periods from one hour to several weeks.

#### Key Employees

Salaried employees who are among the City's highest paid 10%. Key employees are not excluded from coverage under the FMLA, although an employer is allowed to deny them restoration in certain situations.

#### Medical Leave

Leave for up to 12 workweeks in a rolling 12-month period because of an employee's own Serious Health Condition that makes the employee unable to work at all or unable to perform any one or more of the essential functions of the position.

#### Military Member

A current member of the Regular Armed Forces, National Guard, or Reserves.

#### Parent

The biological, foster, adoptive, step parent, or a legal guardian of an employee or an individual who stood loco parentis (in the place of a parent) to an employee when the employee was a child. This term does not include parents-in-law.

#### Prenatal Care

The employee who is the husband or wife of a pregnant spouse is entitled to FMLA leave to care for the pregnant spouse who has severe morning sickness or other prenatal complications and to accompany her to prenatal doctors' appointments. Such leave is not available to a non-spouse father of the child (e.g. boyfriend or fiance).

#### Qualifying Exigency

A non-medical activity that is directly related to the military member's active duty or call to active duty status.

#### Reasonable Leave

A Family and Medical Leave request is reasonable if it complies with the notice requirements herein.



### Reduced Leave Schedule

A leave schedule that reduces the usual number of hours per week or hours per workday of an employee, normally from full-time to part-time.


### Registered Domestic Partner

A partner, as defined by the California Family Code, Section 297, and the California Domestic Partner Rights and Responsibility Act of 2003 and registered with the Secretary of State. (E.g. Two persons of the same sex or two persons of the opposite sex registered with the State of California).

### Serious Health Condition

For purposes of FMLA, “Serious Health Condition” entitles an employee to FMLA leave for an illness, injury, impairment, or physical or mental condition that involves:

1. Inpatient care: A stay in a hospital, hospice, or residential medical care facility, including any period of incapacity (i.e., inability to work or to perform other regular daily activities due to the Serious Health Condition, treatment involved, or recovery time), or any subsequent treatment in connection with such inpatient care. A person is considered an “inpatient” when admitted, even if he/she is later discharged and does not remain overnight; or
2. Continuing treatment by a Health Care Provider.
3. Pregnancy: Any period of incapacity due to pregnancy or for prenatal care. (This condition qualifies for FMLA leave, but not CFRA leave. Under California law, an employee disabled by pregnancy is entitled to Pregnancy Disability Leave).
4. Any period of incapacity or treatment due to chronic Serious Health Condition, which:
  - Requires periodic visits (at least two times/year) for treatment by Health Care Provider;
  - Continues over an extended period of time (including recurring episodes of a single underlying condition);
  - May cause episodic rather than a continuing period of incapacity (e.g. asthma, Diabetes, epilepsy, etc.).
5. Substance abuse may be a qualifying condition if leave is taken for treatment for substance abuse by a Health Care Provider or by a provider of health care services on referral by a Health Care Provider. Absence because of the employee’s use of substances rather than for treatment does not qualify for leave under this policy.



Service Member (covered)

A current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or a covered veteran who is undergoing medical treatment, recuperation or therapy for a serious injury or illness.

Son or Daughter

A biological, adopted, foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis (in place of a parent).

Spouse

A husband and wife as defined or recognized under the state law for purposes of marriage in the state where the employee resides, including same-sex marriage.

For all other qualifying events, each partner is entitled up to the full 12-workweek leave under this policy.

Twelve Work Week

The equivalent of 12 of the employee's normally scheduled workweeks.

Veteran (Covered)

An individual who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran.



**City of Clovis  
Employee Health Care Provider's Certificate Form**

**Section I: To be Completed by the Employee**

**INSTRUCTIONS TO THE EMPLOYEE:** Please complete Section I before giving this form to your medical provider. FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. Failure to provide this medical certification within **15 calendar** days from the date you requested FMLA/CFRA, may result in a denial of or delay in the processing of your FMLA/CFRA request.

\_\_\_\_\_  
Employee's Name (First, Middle, Last) - Please print

\_\_\_\_\_  
Employee's Job Title

**Section II: To be Completed by the Health Care Provider**

**INSTRUCTIONS TO THE HEALTH CARE PROVIDER:** Your patient has requested leave under the Family and Medical Leave Act (FMLA) / California Family Rights Act (CFRA) for a serious health condition. Please answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifeline," "unknown," or "indeterminate" may not be sufficient to determine FMLA/CFRA coverage. Limit your response to the condition for which the employee is seeking leave.

1. Provider's Name: (Please print) \_\_\_\_\_

2. Provider's Address: \_\_\_\_\_

3. Provider's Phone #: (\_\_\_\_\_) \_\_\_\_\_ FAX #:(\_\_\_\_\_) \_\_\_\_\_

4. Type of Practice / Medical Specialty: \_\_\_\_\_

5. License Number: \_\_\_\_\_

**MEDICAL FACTS**

1. Approximate date on which health condition began: \_\_\_\_\_

2. Probable duration of condition: \_\_\_\_\_

**3. The serious health condition to which you are treating the patient for.** (Please note that the following are not normally considered serious health conditions: Common cold or flu, upset stomach, headache-excluding migraines, earache, routine dental problem, or treatments that involve only over-the-counter medicines, bed rest, exercise, and other activities that can be done without visiting a health care provider) :

- Inpatient care during an overnight hospital stay, hospice, or residential health care facility; Date of Admission: \_\_\_\_\_
- Prenatal Care;
- Pregnancy (leave taken for disability due to pregnancy, childbirth, or related medical conditions); Expected delivery date: \_\_\_\_\_
- Chronic conditions (e.g., asthma, diabetes, epilepsy, etc.) that (1) required periodic visits (at least twice a year) for treatment, (2) continue for a long time, and (3) may cause episodic rather than a continuing period of incapacity;
- Permanent or long-term conditions that require continuing supervision, with or without active treatment (such as Alzheimer's, severe strokes, terminal stages of a disease);
- Multiple treatments for either (1) restorative surgery after an injury, or (2) conditions likely to result in three day's incapacity if not treated (including chemotherapy, physical therapy for severe arthritis, and dialysis); or
- Incapacity for more than three consecutive days during which the patient is either (1) treated two or more times, or (2) treated and referred to a nurse, physician's assistant, physical therapist, or nurse practitioner for further treatment; or (3) treated and prescribed a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition;
- None of the above. Patient does not have a serious health condition as defined by the FMLA/CFRA.

4. Date(s) you treated the patient for condition: \_\_\_\_\_

5. Was medication, other than over-the-counter medication, prescribed?

- Yes       No



6. Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)?

Yes     No    If "Yes", state the nature of such treatment

and expected duration of treatment: \_\_\_\_\_

7. Based on the employee's description of his/her job functions, is the employee unable to perform any of his/her job functions due to the condition:

Yes     No    If "Yes", identify the job functions the

employee is unable to perform: \_\_\_\_\_

8. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?

Yes     No    If "Yes", estimate the beginning and ending

dates for the period of incapacity: \_\_\_\_\_



Complete the following **ONLY** if the employee requires intermittent leave or a reduced work schedule:

9. Will the employee require follow-up treatment appointments or be off work on an intermittent basis or on a reduced schedule because of his/her medical condition?

Yes          No          If "Yes", are the treatments or the reduced

number of hours of work medically necessary?

Yes          No          Please estimate the intermittent leave or reduced work schedule the employee needs:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week

from \_\_\_\_\_ through \_\_\_\_\_

10. Will the condition cause episodic flare-ups preventing the employee from periodically performing his/her job functions?

Yes          No          Is it medically necessary for the employee

to be absent from work during the flare-ups?

Yes          No          If "Yes", explain: \_\_\_\_\_

\_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_\_\_ times per \_\_\_ week(s) \_\_\_\_\_ month(s)

and Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

Health Care Provider's Signature: \_\_\_\_\_

Date \_\_\_\_\_



# CITY OF CLOVIS

**Personnel/Risk Management Division**

*Making A Difference Through Quality Service*

1033 5<sup>th</sup> St. - Clovis, CA 93612-1398

(559) 324-2735 Fax (559) 324-2865

## **“DESIGNATED PERSON” FORM**

Under AB 1041 an employee has the right to take protected leave to care for a “designated person” who is ill, injured, or receiving medical care, treatment, or diagnosis. A “designated person” is defined as any individual related by blood or whose association with the employee is the equivalent of a family relationship.

The designated person may be identified by the employee at the time the employee requests the leave and is limited to one designated person per 12-month period for family care and medical leave.

Employee Name:

---

Name of Designated Person:

---

*I designate the person listed above as my Designated Person for whom I may use California Family Rights Act (CFRA) time or paid sick leave for a period of twelve (12) months.*

|                            |              |
|----------------------------|--------------|
| <b>Employee Signature:</b> | <b>Date:</b> |
|----------------------------|--------------|



## **QUESTIONS?**

**Find more information about all the policies  
in this guide by contacting Personnel.**

This guide provides an overview of the laws and benefits applicable to extended leaves from work. Additional information can be found on the [Cityofclovis.com](http://Cityofclovis.com) website or call Personnel.