

Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# LEAVE INTEGRATION REQUEST

**Clear Form Fields** 

(STD, SDI and WORKERS' COMPENSATION)

Integration choice will begin based on the date this form is received.

#### NO FUTURE OR RETRO PROCESSING WILL BE MADE

Must print in Black or Blue ink ONLY						
Rcd No.	Last Name, First Name		Department ID			
•	Type of Integration	Type of Benefit Payments	Department Name			
Full		Short Term Disability (STD)				
No Integration		Workers' Compensation				
🗌 Partia	al Integration - List number of	State Disability Insurance (SDI)	Union Code			
h	ours per pay period:					
	Full	Rcd No. Last Na Type of Integration Full No Integration	Rcd No.       Last Name, First Name         Type of Integration       Type of Benefit Payments         Full       Short Term Disability (STD)         No Integration       Workers' Compensation         Partial Integration - List number of       State Disability Insurance (SDI)			

## Requested Order of Use

Default Order of Use - Check box if requesting to use leave in the order listed.

<u>Requested Order of Use</u> - Check box if requesting an order other than default, enter the requested order of leave to be used. <u>Sick Only</u> - Check box if requesting to use sick leave only.

**Note**: Leaves will be used until exhausted, then the next designated leave will be used. Sick Leave must be used first in accordance with the MOU.

### If a box is not checked, the default order will be used

Type of Leave	Default Order of Use	Requested Order of Use	Sick Only
Sick	1	1	1
MOU Mandated Leave	2	2	
Vacation	3		-
Holiday	4		
Compensatory Time	5		
Annual	6		
Administrative	7		
Attorney	8		
Other	9		
Medical Emergency Leave (MEL) Must be integrated with STD	Medical Emergency Leave (MEL) donations will be integrated with STD when leave accruals have been exhausted.		

I understand that all leave benefits will be administered in accordance with the MOU and County/Special Districts Policy. I have received a copy of the Leave Integration Guidelines (page 3). I authorize my supervisor, department payroll specialist and/or Central Payroll to code or modify my paid time to be consistent with this Leave Integration Request. I understand that the maximum amount of pay that I am allowed to receive while out on leave and integrating with another benefit (disability or Workers' Compensation payments) shall not exceed 100% of my base salary.

Employee Signature *	Telephone	Date		
* I have been given authorization and direction on completing this form on behalf of the above employee -				

REQUIRED if form is completed by someone other than the employee

* Appointee (Print & Sign)	Telephone	Date
Appointing Authority or Designee (Print & Sign)		
Payroll Specialist (Print & Sign)	Telephone	Date
DISTRIBUTION: Original - STD - EBSD - Leaves Team (0440) - SDI / Workers' Compensation - Central Payroll (	This document/form incorporates use of e-signatures 0032) Bernardino County Policy #03-12 and Standard Prac	

Copy - Department, Supervisor and Employee REV. HR 09/14/2023

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## **Leave Integration Guidelines**

Integration of available leave balances with any Short-Term Disability (STD) Benefit Payments, State Disability Insurance (SDI) Benefit Payments, Workers' Compensation Benefit Payments, and/or regular/ transitional work hours shall not exceed 100% of your normal base salary. In the event that any combination of these payments exceeds 100% of your normal base salary, the County will recover the overpayment from future pay warrants per MOU guidelines.

Medical Emergency Leave (MEL) will not be considered "eligible leave" for certain purposes such as the accumulation of leave accruals, eligibility for step advancement or retirement credit per the MOU. However, the use of MEL will count towards the minimum requirement for the receipt of Benefit Plan Dollars and/or premium subsidies. If you are using MEL, you must contact your payroll specialist to determine exactly how your benefits and accruals will be affected.

It is your responsibility to provide your supervisor and department payroll specialist any and all information regarding changes in your leave status, copies of all off-work orders and your anticipated return to work date. You should check with your Appointing Authority for specific department policies and procedures.

Each pay period your paid time will be coded with the anticipated number of leave hours required to integrate with your additional benefit payment and any time worked so that you may receive 100% of your normal biweekly base salary or the amount specified according to your election.

Receipt of Benefit Plan Dollars and/or premium subsidies, leave accruals, retirement credit and eligibility for step advancements will be administered in accordance with the appropriate MOU, contract or salary ordinance provisions governing your terms of employment.

The Leave Integration Request will be honored for the current pay period as long as it is submitted in time to meet payroll deadlines.

In addition to this form, it is your responsibility to complete any additional paperwork required for your STD, SDI, MEL and/or Workers' Compensation Benefits. Delay in submitting the required forms may also result in the loss or delay of benefits.

Short-Term Disability payments are taxable income; however, taxes are not automatically withheld. If you wish to have taxes withheld from your disability payments, submit a DE-4S to request state income taxes and a W-4S to request federal income taxes. Mail or fax these forms directly to the County Short-Term Disability provider as listed in the Employee Benefits Guide or per the "STD and FMLA Filing a Request Instructions and Form". You will receive a W-2 at the end of the year from this provider.