



CITY OF RED BLUFF

COORDINATION OF BENEFITS AUTHORIZATION FORM

EMPLOYEE NAME: _____ **DEPT:** _____

A LEAVE OF ABSENCE FOR MY OWN SERIOUS HEALTH CONDITION:

I **HAVE/WILL** **HAVE NOT/WILL NOT** APPLY FOR STATE DISABILITY INSURANCE (SDI) OR CALIFORNIA STATE FIREFIGHTERS' EMPLOYEE WELFARE BENEFITS
SICK LEAVE MUST BE COORDINATED PRIOR TO TAKING UNPAID TIME OFF IF LEAVE IS FOR MY OWN HEALTH CONDITION.

VACATION BALANCE

- FREEZE MY ACCRUED VACATION BALANCE WHILE ON LEAVE.
- COORDINATE MY ACCRUED VACATION/ COMPOSITE BALANCES WHILE ON LEAVE (UPON EXHAUSTION OF SICK LEAVE)
- *COMPENSATORY TIME OFF/ATO CANNOT BE COORDINATED.

A LEAVE OF ABSENCE TO PROVIDE FAMILY CARE OR TO BOND WITH A NEW CHILD:

I **HAVE/WILL** **HAVE NOT/WILL NOT** APPLY FOR PAID FAMILY LEAVE INSURANCE (PFL) BENEFITS
I HAVE AN OPTION OF UTILIZING UP TO HALF OF MY AVAILABLE ANNUAL ACCRUED SICK LEAVE PER FISCAL YEAR (48 HOURS) IF CARING FOR A SICK FAMILY MEMBER PRIOR TO UTILIZATION OF VACATION. SICK LEAVE CANNOT BE COORDINATED IF RECEIVING PFL FOR TIME OFF TO BOND WITH YOUR NEWBORN.

SICK LEAVE (NOT APPLICABLE FOR FMLA/CFRA TO BOND)

- FREEZE MY ACCRUED SICK LEAVE BALANCE WHILE ON LEAVE.
- COORDINATE UP TO HALF OF MY ANNUAL ACCRUED SICK LEAVE BALANCE (48 HOURS) OR (72 HOURS) FOR FIRE (ONLY AVAILABLE IF CARING FOR ELIGIBLE ILL FAMILY MEMBER AND I HAVE NOT PREVIOUSLY EXHAUSTED ENTITLEMENT OF FAMILY SICK LEAVE DURING THE YEAR).

VACATION BALANCE

- FREEZE MY ACCRUED VACATION BALANCE WHILE ON LEAVE.
- COORDINATE MY ACCRUED VACATION/ COMPOSITE BALANCES WHILE ON LEAVE WITH PFL INCOME.
- *COMPENSATORY TIME OFF/ATO CANNOT BE COORDINATED.

***SPECIAL NOTE:** PER THE UNITED STATE DEPARTMENT OF LABOR, REGARDING THE FAMILY AND MEDICAL LEAVE ACT (FMLA) OF 1993, COMPENSATORY TIME OFF IS NOT A FORM OF ACCRUED PAID LEAVE AND MAY NOT BE COUNTED AGAINST THE EMPLOYEES FMLA LEAVE ENTITLEMENT. THEREFORE EMPLOYEES ARE NOT ELIGIBLE TO COORDINATE COMPENSATORY TIME OFF (CTO/ATO) BALANCES WITH THEIR LEAVE OF ABSENCE.

By my signature below, I understand and accept the following terms and conditions:

- **IF COORDINATING SDI/LTD/PFL BENEFITS WITH MY LEAVE BALANCES, I CANNOT EXCEED MY REGULAR CITY WAGES.**
- **IF I APPLY FOR SDI/LTD/PFL BENEFITS, I MUST SUBMIT A COPY OF MY SDI/LTD/PFL AWARD LETTER (AUTHORIZED BENEFITS PAYMENT) FROM EED/CSFEWBC WITH THIS FORM WHICH SHOWS THE TIME PERIOD FOR WHICH THE PAYMENT BEING MADE TO THE CITY IS COVERING (I.E. 1/1/13 THROUGH 1/14/13). THE CITY WILL USE THE EDD/CSFEWBC AWARD AMOUNT TO COORDINATE MY LEAVE BALANCES AT THE ONSET OF MY LEAVE.**
- **IT IS MY RESPONSIBILITY TO NOTIFY THE CITY IF I AM NO LONGER ELIGIBLE TO RECEIVE EDD/CSFEWBC BENEFITS.**
- **THAT MY ELECTIONS SELECTED ABOVE ARE IRREVOCABLE FOR THE DURATION OF THIS SPECIFIC LEAVE.**
- **ONCE MY LEAVE BANKS ARE FROZEN, OR EXHAUSTED, I WILL NO LONGER ACCRUE LEAVE TIME OR SENIORITY.**
- **IF I OPT TO FREEZE MY LEAVE BANKS, IT WILL MAKE ME INELIGIBLE FOR CATASTROPHIC LEAVE DONATIONS AND INSURANCE CONTINUATION ON NORMAL COST SHARING BASIS.**

EMPLOYEE SIGNATURE: _____ **DATE:** _____