



# MARIPOSA COUNTY

Auditor ·



## **RESOLUTION - ACTION REQUESTED 2016-40**

MEETING: January 19, 2016

TO: The Board of Supervisors

FROM: Debbie Isaacs, Auditor

RE: Resolution Establishing State Disability Insurance Program Policy

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### **RECOMMENDATION AND JUSTIFICATION:**

Approve the County of Mariposa State Disability Insurance (SDI) Program Policy effective immediately for employees qualifying for the SDI Program after January 19, 2016.

Staff is recommending that the Board of Supervisors approve the State Disability Insurance Program (SDI) Policy defining how the California State Disability Insurance Program is used in conjunction with benefits provided by the County of Mariposa to all represented employees as well as Confidential employees.

Currently, a clear and consistent approach is not in place for employees who are off work for a long-term medical leave of absence. Typically, employees who are off work on an extended leave apply for SDI benefits, receive the benefit, and remit their benefit to the Auditor's office. The Auditor's office then "credits" the SDI benefit amount to the employee's sick leave totals based on their hourly rate of pay. However, there are employees who don't have sick leave available. As a result, this creates inconsistency and an inequitable process for those employees.

The Auditor's Office staff worked together with Human Resources/Risk Management Department staff to draft a Policy to clearly define payroll practices for integration of SDI payments affecting employees on a medical leave of absence. Additionally, representatives from each bargaining unit participated in meeting discussions about the proposed Policy and supported the proposal after having the opportunity to ask questions about the impacts on their respective membership.

This policy contains the following significant provisions, among others:

- Each County Department is responsible for providing Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA) documents to an employee requesting permission to take a medical leave of absence for a period of time longer than seven (7) days. Each employee is responsible for applying directly to the California Employment Development Department in order to receive SDI benefit compensation.
- The SDI benefit pays approximately 55% of an employee's base salary while

they are on a medical leave of absence. If sick leave and/or vacation leave time is available to an employee, this leave will be used so that the employee receives the remaining 45% of pay when the medical absence begins which will allow the employee to be made "whole" regarding their pay. The County and the employee must agree to integrate (or combine the two benefits).

- By written authorization, employees have the option to freeze all or part of their available sick or vacation leave time in lieu of integration.
- Vacation and sick leave time will not increase or accrue while on leave of absence. An employee who exhausts vacation and sick leave hours will have no monetary compensation available from the County.

If the Board of Supervisors approves the attached Policy, staff will: 1) distribute this policy to all County officers and employees along with a form that will require their signature to indicate that they have received and understood the Policy, and 2) post the Policy on the Human Resources/Risk Management Department portion of the County's website.

It is recommended that employees who are currently off work and on an extended leave and who are currently remitting the SDI benefit to the Auditor's Office will be allowed to continue this practice until these employees return to work. Thereafter, these employees will be subject to this Policy if they are in need of additional long-term medical leave.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

None.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Do not approve and there may be uneven application of the issues that are addressed in the Policy.

**FINANCIAL IMPACT:**

None. The Policy is merely defining financial procedures already in use.

**ATTACHMENTS:**

State Disability Insurance (SDI) Program Policy.

**ATTACHMENTS:**

**SDI Policy January 2016 (DOCX)**  
**SDI Policy Acknowledgment 2015 (DOC)**

**CAO RECOMMENDATION**

Requested Action Recommended

*Mary Hodson*  
Mary Hodson, CAO 1/14/2016

**RESULT:** ADOPTED [UNANIMOUS]  
**MOVER:** Rosemarie Smallcombe, District I Supervisor  
**SECONDER:** Marshall Long, District III Supervisor  
**AYES:** Smallcombe, Jones, Long, Cann, Carrier

# COUNTY OF MARIPOSA

## STATE DISABILITY INSURANCE (SDI) PROGRAM POLICY

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### **PURPOSE**

The purpose of this policy is to define how the California State Disability Insurance (SDI) Program is used in conjunction with benefits provided by the County of Mariposa. This policy applies to all represented employees as well as Confidential employees.

Disability insurance benefits shall be extended to employees in accordance with the terms and conditions of the SDI Program. The total compensation from accrued leaves and disability benefits shall not exceed the employee's base salary at the time of disability.<sup>1</sup>

### **RESPONSIBILITIES**

Each department is responsible for providing Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA) documents to an employee requesting permission to take medical leave of absence that will be for a period of time longer than seven (7) days. The employee will need to complete and return the FMLA/CFRA request form to their Department Head for decline or approval signature. The Certification of Healthcare Provider must be completed by the employee's physician and attached to the FMLA/CFRA request form. The request form and physician's certification should then be sent to Payroll / Auditor's Office in a sealed confidential envelope, along with Payroll Time Certifications reflecting anticipated corresponding time off.

The SDI benefit pays approximately 55% of an employee's base salary while they are on a medical leave of absence. Mariposa County payroll personnel integrates payment for the remaining 45% of base salary if sick leave and/or vacation leave time is available to draw from when the medical absence begins and the County and employee agree to this integration.

Employees also have the option to freeze all or part of their available sick or vacation leave time, in lieu of integration, by written authorization. Forms are available in the Auditor's Office.

Each employee is responsible for applying directly to the California Employment Development Dept. ([edd.ca.gov](http://edd.ca.gov)) in order to receive SDI benefit compensation.

Vacation and sick leave time will not increase or accrue while on leave of absence. An employee who exhausts vacation and sick leave hours will have no monetary compensation available from the County. Medical, dental, and vision benefits are protected and will continue for up to twelve (12) workweeks of absence in a twelve (12) month period, only if FMLA/CFRA documents are completed, approved and submitted.

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<sup>1</sup> Deputy Sheriffs' Association; Sheriff's Management Association; and SEIU Memorandum of Understanding section 6.4.6.2 and Mariposa County Managerial and Confidential Organization section 6.5.2 – Compensation. "An employee who is disabled as a result of an injury shall be placed on leave, using as much of his/her accumulated compensatory time off, his/her accrued sick leave, and his/her vacation time as when added to any disability indemnity payable under the Worker's Compensation Act or the State Disability Insurance Program will result in a payment to him/her of not more than his/her full salary."

**Acknowledgment Receipt  
County of Mariposa  
State Disability Insurance (SDI) Program Policy**

This certifies that I have received a copy of the *County of Mariposa State Disability Insurance (SDI) Program Policy*.

I understand and agree that it is my responsibility to read and familiarize myself with the County's Policy and agree to abide by its terms as a condition of employment with the County, or as a condition of my continued representation of the County.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed  
Name: \_\_\_\_\_

Department: \_\_\_\_\_