

Diocese of Sacramento - Human Resources Services
Medical / Family Leave of Absence for Ineligible Employees Checklist

WHAT TO DO PRIOR TO GOING ON MEDICAL/FAMILY LEAVE:

___ Notify your pastor/principal/supervisor at least 30 days before leave start date to ensure that your leave will be properly recorded. If the leave is unforeseeable, notify your pastor/principal/supervisor as soon as is practical. **Note: This leave requires the approval of the Pastor/ Principal/ Supervisor and is made at the sole discretion of the employer.**

___ A leave packet containing the Medical / Family Leave Policy for Ineligible Employees as well as the following forms that need to be completed will be sent to you.

- PT 400 – Employee Request for Leave. You will complete the form and provide it to your pastor/principal/supervisor/Benefits Administrator/ Payroll Contact/ Bookkeeper.
- PT 380 – Medical Certification Form for Employee. This form must be completed by your health care provider and provide it to the individual who provided you the leave packet.

or

- PT 380F - Medical Certification Form for Family Member. This form must be completed by your health care provider and provide it to the individual who provided you the leave packet.

___ If eligible, apply for State Disability benefits. By Internet: www.edd.ca.gov/disability. By phone: 1-800-480-3287.

- DI Provisions Brochure (DE 2515) – for employee

or

- Paid Family Leave Brochure (DE 2511) – care for family member

WHAT TO DO WHILE OUT ON LEAVE:

___ The Parish/School/Diocese will continue to make the same premium contributions for your benefits (up to 6 work weeks), as if you had continued working but you must continue to make the same monthly benefit premium payments during the leave as before the leave started.

- Benefits Continuation Letter. Letter will be provided by your pastor/principal/supervisor.

WHAT TO DO WHEN YOU RETURN TO WORK:

Please note: you **cannot return to work** until your pastor/principal/supervisor receive a Return to Work Certification from your health provider.

___ Upon completion of leave period, request that your Health care Provider complete a release to return to work that is signed and dated on letterhead. Send the completed form to your pastor/principal/supervisor. If you are released to return on restricted basis, ask your health care provider to clearly outline the work restrictions and duration of the restrictions so we can work with you on assessing any reasonable accommodations requested.

For any questions or concerns please contact:

Diocese of Sacramento
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