



Date: 03/27/06

## **Short-term Temporary Disability Benefit Program**

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### **I. Purpose**

This policy establishes the City's short-term temporary disability benefit program for employees covered by bargaining Unit 1 – Confidential, Unit 2- Maintenance and Unit 3 - Clerical/Technical. This program is designed to provide employees with short-term temporary disability benefits after a thirty (30) day waiting period and prior to receiving long-term disability benefits, if applicable.

### **II. Policy**

Employees covered by bargaining Units 1, 2 and 3 shall be provided with short-term temporary disability benefits in accordance with this administrative policy.

#### **Effective Date of Program**

This short-term temporary disability benefit program is effective January 3, 2006.

#### **Eligibility**

All full-time, part-time or job-share employees covered by bargaining Units 1, 2 and 3 who are actively at work for the City of Petaluma and who have completed the waiting period required by this policy.

Existing employees are eligible for the program as of the effective date of the program, January 3, 2006.

Newly hired or newly appointed employees hired after January 3, 2006 are eligible for the program effective on the first day of the month following their hire or appointment date.

#### **Definition of Disability**

Disability, for purposes of this policy only, means a non-job-related injury or illness that causes physical or mental impairment to such a degree of severity that an employee is continuously unable to perform his or her job duties. Further, the disability is temporary and the employee is fully expected to return to work.

#### **Waiting period**

Employees must have thirty (30) days of continuous temporary disability before receiving short-term temporary disability benefits. The waiting period begins on the day the disability commences.

If an employee temporarily recovers and returns to work, the City will treat the disability as continuous if the return to work was for a period of less than two (2) weeks. If an employee returns to work for a period greater than two (2) weeks the employee will have to begin a new waiting period.

### **Benefit Limitations**

Short-term temporary disability benefits are intended to provide employees with pay when temporarily unable to perform their customary job duties due to a non-work related injury or illness. That period of temporary disability is defined as the period of time following thirty (30) days of continuous temporary disability and before long-term disability benefits are paid. Further, the disability is temporary and the employee is fully expected to return to work.

Short-term temporary benefits are not in lieu of and do not affect any requirement for coverage under Workers' Compensation law. Short-term disability may not be used to supplement any Workers' Compensation benefits.

Short-term temporary benefits may not be used for any disability determined to be permanent and stationary by a physician or used to extend leave prior to retirement into the California Public Employees Retirement System (CalPERS).

### **Disability Benefit**

The maximum disability benefit payable to an employee is up to one-hundred and sixty (160) hours of pay at the base hourly rate in a two-year period. The two-year period commences the first day the disability benefit is paid. While receiving this benefit, the employee shall only receive his or her base hourly rate. The employee shall also receive benefits which are a function of salary such as health, dental, vision, life insurance, CalPERS contributions, sick and vacation leave accruals and holiday pay.

### **Sick Leave and Vacation Leave**

To be eligible to receive short-term disability benefits, employees must have a zero balance in their sick leave bank. Employees may have up to a maximum of up to forty (40) hours of accrued vacation leave accrued and still be eligible for short-term disability benefits. Employees are not required to use compensatory time during the short-term disability leave period.

### **Coordination with Long-Term Disability Benefits**

Employees may not receive short-term temporary disability benefits in lieu of long-term disability benefits. Employees are required to file an application for long-term disability benefits in accordance with the long-term disability benefit program provisions.

An employee receiving long-term disability benefits, that exhausts all sick leave and all but forty (40) vacation leave hours, may supplement long-term disability benefits with up to sixty (60) hours of unused short-term temporary disability benefits. The employee must make a request for this benefit.

### **Deductible Sources of Income**

Short-term temporary benefits paid under this policy shall be reduced by other income an employee receives from other sources such as:

**Deductible Sources of Income - continued**

1. Wages received from any employment or services provided during the disability period;
2. Any City sick leave or forty (40) vacation leave hours or more on the books or accrued while receiving short-term temporary disability benefits.

Employees are required to report all such sources of income they are receiving during the disability period to the City.

**Policy and Benefits Terminate**

Coverage under this policy and short-term disability benefits shall terminate when any of the following occur:

1. The policy is terminated;
2. When the employee is no longer a member of a covered bargaining unit;
3. The employee ceases work because of a prolonged leave of absence, layoff, resignation, separation, termination for cause, or retirement.
4. The employee ceases to be temporarily disabled; or
5. The employee is deemed to be permanently disabled by a physician.

**Required Notice**

Employees must make a request for benefits as soon as reasonably possible after the date of the commencement of the disability.

**Proof of Disability**

An employee must provide the following information in order to receive benefits:

Written certification from his or her treating physician certifying the following:

1. Date the Disability began and is expected to end;
2. Determination that the Disability is temporary and the condition is not permanent and stationary;
3. The Disability precludes the employee from performing his or her usual job duties.

*Note: Employees are not required to disclose the nature of disability*

**Continuing Proof of Disability**

Employees may be asked to submit proof of their continuing disability throughout the period of disability.

**Violation of This Policy**

It is a violation of this policy for any employee knowingly to provide false information in order to obtain such benefits from the City. Such conduct shall be grounds for a disciplinary action up to and including a recommendation for termination.

**Appeals**

Employees may appeal any disqualification or denial of benefits under this policy to the City Manager. The City Manager's decision is final with no further right of appeal.

Approved:

  
\_\_\_\_\_  
Michael A. Bierman, City Manager

4-6-06  
Date

Established: 01/03/06

Revised: 03/27/06



# CITY OF PETALUMA

## Short-Term Disability Benefit Request/Approval Form

Employees covered by Unit 1 – Confidential, Unit 2- Maintenance, and Unit 3 - Clerical/Technical are eligible for short-term temporary disability benefits in accordance with the City’s Short-term Temporary Disability Benefit Program Administrative Policy. Please read and refer to the policy to ensure you understand the terms of the program. To request short-term temporary disability benefits, please complete the employee section of this form, attach a **physician certification of disability** and forward to Human Resources for processing.

*To be completed by Employee*

**I. Request for Benefits**

- I have or will be continuously temporary disabled for thirty (30) days or more.
- To the best of my knowledge, my disability is temporary and I fully expected to return to work.
- I have, or will have, exhausted my sick leave hours and all but forty (40) hours of my vacation leave.
- Attached is my physician certification of disability that includes the following:
  - Date the disability began and is expected to end;
  - Determination that the disability is temporary and the condition is not permanent and stationary;
  - The disability precludes me from performing my usual job duties.

*Note: You are not required to disclose the nature of disability*

| Employee Name  | Position | Department |
|--|----------|------------|
| I am requesting _____ hours of benefits for the period _____ to _____. |          |            |

I understand that benefits paid under the short-term temporary disability benefit program policy shall be reduced by any other source of income I receive such as:

- Wages received from any employment or services provided during the disability period;
- Any City sick leave or excess of forty (40) hours vacation leave on the books or accrued while receiving short-term temporary disability benefits.

I understand that I am required to report all sources of income I receive during the disability period to the City.

| Employee’s Signature | Printed Name | Date |
|----------------------|--------------|------|
|                      |              |      |

*To be completed by Human Resources*

**II. Request Response**

Your request for benefits is approved for the period \_\_\_\_\_ to \_\_\_\_\_ in the amount of \_\_\_\_\_ hours.

Your request for benefits is not approved because: \_\_\_\_\_

| Human Resources | Printed Name | Date |
|-----------------|--------------|------|
|                 |              |      |