Trindel

Insurance Fund

Alpine - Colusa - Del Norte - Lassen - Modoc - Mono - Plumas - San Benito - Sierra - Sutter - Trinity

A Joint Powers Authority Established in 1980

www.trindel.org

Personal Medical Leave Policy

Except as otherwise required by law, as an employee of Trindel Insurance Fund (hereafter referred to as the "Fund"), if you are disabled due to illness or injury and are not eligible for Family and Medical Leave or have exhausted your right to it, you may be eligible for an unpaid Personal Medical Leave ("PML") (whether or not your illness or injury is work-related). PML will run concurrently with any other legally required time off. The amount of time off available to you will depend on the circumstances.

Notice

To request PML, notify the Executive Director or your supervisor in writing as soon as possible. You may be required to provide a certification or other medical information from a health care provider regarding your request.

Leave is Unpaid

You will be required to use any accrued, unused paid time off during PML; however, the use of paid leave will not extend the duration of your leave and you must comply with all Fund policies regarding the use of paid leave. You will not earn any additional time off during your leave. We encourage you to contact the Employment Development Department regarding your eligibility for State Disability Insurance benefits for the unpaid portion of your leave.

Benefits

Your eligibility for Fund-paid health and dental insurance benefits ceases during PML, and you must pay the entire premiums if you choose to receive such benefits. You will receive notice directly from the Fund's third-party administrator of your right to continue your benefits through COBRA. You will not be eligible for holiday pay and will not accrue any form of paid time off.

Return to Work

When you are able to return to work, you must give the Fund at least five (5) days' notice of your intent to return by providing the Executive Director a certification from your health care provider stating you are physically able to return to your duties with or without reasonable accommodation. This notice is important so your return to work is properly scheduled.

Unless otherwise required by law, we will make reasonable efforts to return you to your former position or a similar position. If you do not return from work on the originally-scheduled return date or request in advance an extension of the agreed upon leave with appropriate medical documentation, you may be deemed to have voluntarily resigned your employment. In addition, failure to notify the Fund of your availability for work when it occurs, failure to return to work when called by the Fund, or your continued absence from work because your leave must extend beyond a reasonable period of time may be deemed a voluntary resignation of your employment.