STATE OF CALIFORNIA | DEPARTMENT OF GENERAL SERVICES

STATE DISABILITY INSURANCE AND PAID FAMILY LEAVE EMPLOYEE OPTION CHECKLIST | Office of Human Resources

DGS OHR 100 (Rev. 09/2019)

Employee must complete the leave options and health benefits section of this form and give to your Supervisor for acknowledgement.

EMPLOYEE INFORMATION

LAST NAME | FIRST NAME | M.I. | ABMS NUMBER | CBID

LEAVE OF ABSENCE BEGIN DATE | LEAVE OF ABSENCE END DATE

EMPLOYEE LEAVE OPTIONS

Below is a list of options that are available to you. Please make your election, attach your medical substantiation and return this form no later than **seven** days from date of disability. Failure to do so may result in the loss of coverage.

OPTION A

I choose to request a medical leave of absence while on SDI - PFL (leave due to pregnancy) and:

I elect to use my leave credits to cover the seven (7) day SDI waiting period (indicate the leave type and number of hours you would like to use below.)

I elect to use my leave credits to cover the seven (7) day SDI waiting period AND continue to use leave credits through the following date before electing to receive SDI Benefits. (Indicate the leave type and number of hours you would like to use below.) Date leave credits paid through:

I elect to use the following leave credits to supplement my SDI/PFL benefit (max of 40 hours per pay period). (Indicate the leave type and number of hours you would like to use below.)

PLEASE INDICATE LEAVE TYPE AND NUMBER OF HOURS YOU WOULD LIKE TO USE:

Sick Leave | Vacation/Annual | Personal Holiday

Excess | PLP/2003, VPLP | Compensating Time Off (CTO)

Other (Specify):

The employee must provide the Personnel Transactions Unit (PTU) copies of the following documents to ensure proper leave credit supplementation:

- SDI/PFL check stubs
- SDI/PFL Notice of Computation from EDD
- Notice of Determination from EDD (Must be provided within 7 days)

NO CHANGES WILL BE ALLOWED FOR SUPPLEMENTATION WHEN OPTIONS CHECKLIST IS RECEIVED IN PTU.

OPTION B

I choose **NOT** to be on SDI and I am requesting a paid leave of absence and I will use leave credits to cover the period from to **.** (A leave plan is **REQUIRED**).

OPTION C

I choose **NOT** to be on SDI and I am requesting an unpaid formal leave of absence from to
I am aware that I am fully responsible for the payment of full premiums for any insurance in which I am enrolled.

HEALTH BENEFITS

I elect to continue my health benefits. I understand when I return upon my return or separation; I will be responsible for repayment of the employee's portion of the health insurance premium.

I choose **NOT** to continue my health benefits.

EMPLOYEE SIGNATURE BEST CONTACT PHONE NUMBER DATE

TO BE COMPLETED BY ATTENDANCE CLERK OR SUPERVISOR

Leave credits available as of:

Sick Leave Vacation/Annual Personal Holiday

Excess PLP/2003, VPLP Compensating Time Off (CTO)

Other (Specify):

SUPERVISOR'S NAME SUPERVISOR'S SIGNATURE DATE