

Los Rios Community College District

LRCFT Request for Parental Leave: Non-Birthing Parent

Name: _____

Job Title: _____

Employee ID #: _____

Dean/Supervisor: _____

PARENTAL LEAVE: KEY TERMS AND GUIDANCE

Parental Leave: Leave for the birth of a child of the employee or the placement of a child with an employee in connection with the adoption, foster care, or legal guardianship of the child by the employee.

Parental Leave Effective Date: The date of birth of child, the date of legal adoption or adoption placement date, the legal foster care placement date, or the legal guardianship placement date.

Week: A "week" means seven consecutive 24-hour periods.

Parental Leave must be used within 1 year of the Parental Leave Effective Date.

Refer to Article 9: [Leaves With Pay](#) in the [2023-2026 LRCFT Contract](#) and [LRCFT Parental Leave Guidelines](#) for additional information.

FORM COMPLETION AND SUBMISSION INSTRUCTIONS

PLEASE REQUEST PARENTAL LEAVE AS FAR IN ADVANCE AS POSSIBLE TO ALLOW AMPLE TIME FOR PROCESSING AND FOR MAKING NECESSARY ARRANGEMENTS TO ENSURE A SMOOTH TRANSITION DURING YOUR ABSENCE.

SECTION 1 – Complete and Submit prior to the anticipated Parental Leave Effective Date

- Complete Section 1 at least 30 days prior to the anticipated Parental Leave Effective Date, if feasible.
- Submit completed and signed Section 1 to benefits@losrios.edu. Please Cc your Dean and VP.

SECTION 2 – Complete and Submit with the actual Parental Leave Effective Date

- Complete Section 2 of this form prior to the first day of your Parental Leave, if feasible.
- Provide documentation to support the Parental Leave Effective Date if not previously provided when adding your newly arrived child to your Los Rios benefits. *
- Submit completed and signed Section 2 to benefits@losrios.edu. Please Cc your Dean and VP.

** As a reminder, you have 31 days from the Parental Leave Effective Date to log into the Benefits Supersite and add your newly arrived child.*

PARENTAL LEAVE SELECTIONS

SECTION 1 – Complete and Submit prior to the anticipated Parental Leave Effective Date

Anticipated Parental Leave Effective Date: _____

I am entitled to 8 consecutive weeks of paid parental leave time. This leave is 100% paid and does not affect my sick leave. I anticipate taking this leave from _____ to _____.

I am entitled to use 12 weeks of sick leave for parental leave to bond with my newly arrived child. If my accrued and advanced sick leave is exhausted and I continue to be absent from my duties on account of this leave, I understand that I will be paid for half the hours missed and the remaining half will be unpaid. I anticipate taking this leave from _____ to _____.

If your anticipated use of the 12 weeks of sick leave will not be consecutive weeks, please list the additional weeks in the box below.

Employee: By signing below, I agree that I have read page 3-4 of this form. I understand and accept the effects this leave will have on my Los Rios benefits and retirement.

Signed: _____ Date: _____

Employee Signature

SECTION 2: Complete and Submit with the actual Parental Leave Effective Date

Actual Parental Leave Effective Date: _____

I am entitled to 8 consecutive weeks of paid parental leave time. This leave is 100% paid and does not affect my sick leave. I wish to take this leave from _____ to _____.

I am entitled to use 12 weeks of sick leave for parental leave to bond with my newly arrived child. If my accrued and advanced sick leave is exhausted and I continue to be absent from my duties on account of this leave, I understand that I will be paid for half the hours missed and the remaining half will be unpaid. I wish to take this leave from _____ to _____.

If your use of the 12 weeks of sick leave will not be consecutive weeks, please list the additional weeks in the box below:

Employee: By signing below, I agree that I have read page 3-4 of this form. I understand and accept the effects this leave will have on my Los Rios benefits and retirement.

Signed: _____ Date: _____
Employee Signature

DISTRICT EMPLOYEE BENEFITS OFFICE USE ONLY

1. Last day of full paid status: _____
2. Last day of partial paid status: _____

Comments:

Verified by: _____ Date: _____

UNPAID LEAVE OF ABSENCE – EFFECT ON BENEFITS

Effect of Unpaid Leave on Benefits

- If the period of unpaid leave is for **less than on full calendar month (e.g., May 1-15, 2023)**:
 - Benefits will remain in effect. If the employee's pay is insufficient to cover the employee's cost of benefits, the missed deductions will be adjusted on the next payroll after the employee returns.
 - *SEIU Members: The District contribution for benefits will be prorated based on the percent of full time for each month affected unless the employee's time off is covered under Five Month Law or State or Federal leaves such as FMLA/CFRA.*
 - Accrual of sick and vacation (if applicable) will be prorated based on percent of full-time for each month affected.

- If the period of unpaid leave is for **one full calendar month or more (e.g., May 1-31, 2023, or after)**:
 - For Family Medical Leave Act/California Family Rights Act (FMLA/CFRA) covered absences, benefits will remain in effect so long as the employee submits payment for the employee's cost of those benefits to the Los Rios Benefits Department by the 25th of each month for coverage the following month. Coverage will cease the first day of the following month if payment is not received on time.
 - For non-FMLA/CFRA covered absences, benefits will cease on the first day of the month of the unpaid leave.
 - Employees may continue health, dental, vision, and the Employee Assistance Program (EAP) benefits in accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA) regulations by paying the full amount of the monthly premium plus a 2% administrative fee. BASIC pacific will mail COBRA paperwork to the employee's home address.
 - Other benefits (e.g., long term disability) will cease on the commencement date of the unpaid leave of the first of the following month, depending on plan design. Some benefits, such as life insurance, may be continued directly with Los Rios (similar to FMLA/CFRA benefit continuation above) depending on plan design. It is the employee's responsibility to make payment arrangements directly with companies, or to Los Rios Community College District if appropriate, to avoid cancellation.
 - An employee off work due to a disabling condition remains eligible for long term disability (LTD) benefits provided the application and eligibility criteria are met. Employees with an active LTD claim are eligible for the District contribution toward medical insurance for up to 12 months of LTD, depending upon bargaining unit.
 - Accrual of sick and vacation (if applicable) will cease until employee returns to work.
 - Participation in the Medical Flexible Spending Account or Dependent Care Assistance Plan will cease on the commencement date of the unpaid leave. Upon return during the same plan year, the participant may elect to 1) reinstate the pred-leave payroll deduction, 2) reinstate the pre-leave payroll deduction and "catch-up" all missed contributions, or 3) not reinstate the contributions. This choice will affect the date range expenses qualify for reimbursement.

Effect of Cancellation of Medical, Dental & Vision Coverage

- For a short-term, unpaid leave of **less than five months** when the employee does not continue coverage through COBRA:
 - the employee may **NOT re-enroll** into the medical or dental plan **until an open enrollment period** (unless a different qualifying event occurs after the employee's return to work such as loss of spouse's coverage.) Open enrollment takes place the month of April/May of each year and the coverage is effective July 1.
- For a long-term leave of **five months or more**, whether or not the employee continues coverage through COBRA:
 - the employee **may re-enroll** into the medical and dental plan **previously enrolled in within 31 days** of returning to work and coverage will take effect the first of the month following the return-to-work date.

Enrollment forms must be received in Employee Benefits within 31 days of returning to work; otherwise, the employee must wait until open enrollment to re-enroll.

- If dental insurance is cancelled for any length of time, the coverage percentage will state back at 70% upon re-enrollment.
- Due to the nature of the coverage, if vision insurance is cancelled for any length of time, employees will not be permitted to re-enroll for a minimum of 24 months from the date coverage terminated.

It is the EMPLOYEE'S RESPONSIBILITY TO CONTACT THE EMPLOYEE BENEFITS DEPARTMENT upon returning to work to request appropriate forms to re-enroll in all insurance.

Contact Employee Benefits at 916-568-3070 or email with any questions.

Additional Information

For special payroll deductions through Schools Financial Credit Union, the employee must contact Schools directly to make any necessary special arrangements. Contact the Payroll Department at 916-268-3025 or email dopayroll@losrios.edu for more information.

Any unpaid LOA may also affect the following: service credit for longevity salary increases, CalPERS/Cal STRS service credit, annual increments, and vacation accrual increases, if applicable. IF you are interested in purchasing any unpaid leave of absence time, go to the CalPERS (www.calpers.ca.gov) or CalSTRS (www.calstrs.com) website for information on buybacks. Please refer to the appropriate Collective Bargaining Agreement, policies, and regulation for details. Contact Employee Benefits for questions regarding vacation accrual. It may be possible to qualify for Unemployment Benefits while on a leave of absence. For information regarding eligibility requirements for Unemployment Benefits, you can request a booklet from the Human Resources Department by calling 916-568-3112 or download at the following link: http://www.edd.ca.gov/pdf_pub_ctr/de2320.pdf

For more information on any of these additional effects, contact Human Resources at 916-568-3112 prior to taking a LOA.