



County of Ventura Leave of Absence Payroll Instructions Form

Employee and payroll/department representative should complete and discuss this form. Return this form with your Leave of Absence Request in advance of your absence.

Employee:		Employee ID:	
Biweekly scheduled work hours:		Last day of work (estimated):	

During this Leave of Absence, I request the following pay status:	Effective Date
<input type="checkbox"/> Full integration with disability benefits up to 100% of base biweekly compensation (Required if receiving disability benefits, optional if receiving TTD)	
<input type="checkbox"/> Leave bank hours equal to total biweekly scheduled work hours (Required if not receiving disability benefits or if disability benefits waived)	
<input type="checkbox"/> Leave without pay (LWOP) equal to total biweekly scheduled work hours (Fully unpaid, no leave bank hours may be reported for the duration of the leave)	
<input type="checkbox"/> Partial integration with temporary total disability (TTD) benefits (Reported hours must be consistent each pay period)	

Estimated Leave Bank Balances and <i>preference</i> to be used during my Leave of Absence:					
Pref. #		Current floating holiday balance:		Hours to be used:	
Pref. #		Current sick leave balance:		Hours to be used:	
Pref. #		Current vacation/annual leave balance:		Hours to be used:	
Pref. #		Current comp bank balance:		Hours to be used:	

Expected Disability Benefits (check all that apply):	Benefit Waiting Period	Weekly Benefit Amount
<input type="checkbox"/> State Disability Insurance <input type="checkbox"/> Paid Family Leave		\$
<input type="checkbox"/> LTD (County of Ventura group plan)		\$
<input type="checkbox"/> Workers Compensation _____ TTD _____ 4850		\$
<input type="checkbox"/> Wage Supplement Plan (circle) - <u>HIGH</u> or <u>LOW</u> option		\$
<input type="checkbox"/> Union Disability Plan (PORAC, other)		\$

To ensure proper integration with disability benefits, send a copy of your first benefit award statement to your payroll/department representative. Please contact your payroll/department representative immediately if your disability benefit(s) amount increases, decreases, or is terminated/exhausted.

Once your leave turns unpaid, you may not report any further leave bank hours or resume a paid leave during the remainder of this Leave of Absence. These payroll instructions will remain in effect unless my leave status changes or I file revised payroll instructions.

I have read and I agree to comply with the County's integration policy to which employees may use leave bank hours in conjunction with disability benefits that result in the employee's full biweekly base pay. I further acknowledge that any over utilization of my leave bank balances may result in an overpayment and I agree to repay the County of Ventura directly or through wage/salary deduction(s).

Employee Signature: _____ Date: _____