## COUNTY OF SANTA CRUZ



## PERSONNEL DEPARTMENT

AJITA PATEL, DIRECTOR
701 OCEAN STREET, SUITE 510, SANTA CRUZ, CA 95060-4073
PHONE: (831) 454-2600 FAX: (831) 454-2411 TDD: 711

State law provides for disability benefits to begin on the fourth day after the day the employee is injured. Therefore, employees must use paid leave or leave without pay to cover any time missed due to medical disability during the waiting period.

The County's workers' compensation program is administered by Sedgwick CMS located in Oakland. Temporary disability benefit checks are issued by Sedgwick in conformance with State law. Wage loss is calculated as two-thirds of your weekly wage at an un-taxed rate. The first check should arrive within 14 days after the first day of disability. Under the terms of the Memoranda of Understanding, employees may supplement their temporary disability benefits with paid leave, so that the total of the two checks for that time-period will approximate their regular gross pay. The current 2024 minimum temporary disability benefit is \$242.86 per week and the maximum temporary disability benefit is \$1,619.15 per week, so some employees prefer to supplement this benefit with paid leave.

Supplements must start at the beginning of the disability period and continue for the duration of the disability or until your leave time is depleted, whichever comes first. The agreement may not be changed, cancelled, started mid-way, or go retroactive.

Since temporary disability benefits are separate from the County's payroll, accruals are earned only on the paid leave that is used to supplement the temporary disability. Please complete the lower portion of this form and return to the address below. We will not process a request to supplement until this form is received.

**MEDICAL BENEFITS:** It is the employee's responsibility to pay for their insurances during an unpaid leave of absence. If you are supplementing, your insurance premiums will be deducted out of your check; however, if you are not receiving a County paycheck, you will need to pay for your insurance premiums. Please contact **Bry Stewart at (831) 454-2256** to discuss your options.

**NOTE:** If your WC claim is accepted after a pending or delayed period, Risk Management will complete a timecard adjustment reflecting your choice as indicated on this form. The Auditor's Office will bill you for any overpayment that has occurred.

AUTHORIZATION TO SUPPLEMENT		
I hereby authorize Risk Mar comp time, etc.) to supplement my w	• .	(annual leave, sick leave, vacation leave,
I do not wish to supplement at a later date.	my temporary disability. I under	rstand that I may not begin supplementing
Print Name	Signature	Date

Return to: County of Santa Cruz, Personnel Department, Risk Management

701 Ocean Street, Room 510 Santa Cruz, CA 95060 Fax 454-2245