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County of Riverside

Medical Leave of Absence & Medical Certification

RC 1HR putting people first

Section A **To Be Completed By Employee**

Employee Name (Last, First, Middle)	Employee ID	Department	Job Title

Date of Hire	Contact Address	Contact Phone

Type of Request:	Leave Request Dates:	Last Day Worked:	Is the injury or illness work related?
☐ New ☐ Extension	From: Through:		☐ Yes ☐ No

Please explain your need for leave (attach additional sheet if necessary):

Are you requesting leave as an accommodation under the Americans with disabilities act (ADA) or the Fair Employment and Housing Act (FEHA)?	Employee Signature	Date
☐ Yes ☐ No		

Section B **To Be Completed By Health Care Provider**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities governed by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus to be carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

WORK RESTRICTIONS

Bending			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Climbing			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Driving			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Grasping/Gripping	☐ Left	☐ Right	☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Hand Motion	☐ Left	☐ Right	☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Kneeling			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Operating Heavy Machinery			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Pushing/Pulling			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Reaching at/Below Shoulders	☐ Left	☐ Right	☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Reaching Above Shoulders	☐ Left	☐ Right	☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Sitting			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Squatting			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Standing			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Twisting			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Walking			☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Carrying	Not Over _____	Pounds _____	☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____
Lifting	Not Over _____	Pounds _____	☐ No	☐ No Repetitive	Max Minutes/Hours_____	Per Day_____

Other Restrictions or Comments (attach additional sheet if necessary):

Dates medically **REQUIRED** for leave:	Can the employee perform modified duty within the above restrictions:
From: To:	☐ Yes ☐ No

Health Care Provider Signature	Date	Health Care Provider Contact Info (or attach business card)
		Address:
Health Care Provider Name (Please Print)		Phone: Fax:

FORM CONTINUES ON THE NEXT PAGE

Employee Name (Last, First, Middle):	Employee ID Number:

Section C **To Be Completed By Department**

Leave not exceeding 480 hours*

☐ APPROVED ☐ APPROVED WITH MODIFICATION (Attach Brief Explanation) ☐ NOT APPROVED (Attach Brief Explanation)

Leave exceeding 480 hours*

(Requires approval from Human Resources)
*Hours total to include previous leave used for same event.

☐ RECOMMEND APPROVAL ☐ RECOMMEND APPROVAL WITH MODIFICATION (Attach Brief Explanation) ☐ DO NOT RECOMMEND APPROVAL (Attach Brief Explanation)

Department Head/Designee Signature:_____ Date:_____

Section D **To Be Completed By Human Resources**

☐ APPROVED ☐ APPROVED WITH MODIFICATION ☐ NOT APPROVED

Comments: _____

_____

Asst. CEO/Human Resources Director or Designee Signature:_____ Date:_____

Human Resources Action/Reason: Initials: Date:

INSTRUCTIONS FOR COMPLETING THE MEDICAL LEAVE OF ABSENCE FORM

The Medical Leave of Absence Form is to be completed for requests for medical leave only. (For care of a family member, military, personal and educational leave - See Non-Medical Leave of Absence Form)

SECTION A - EMPLOYEE

- The form may be obtained from your Department Representative or from the HR Website/FMLA, CFRA, PDL and Other Leaves page at www.rc-hr.com
- Fill in your name, employee ID#, department name, date of hire, job title, contact address and phone number where you can be reached during your requested leave
- Type of Request
  - NEW: Use this option for initial leave request or when FMLA/CFRA/PDL has been either exhausted or you don't meet the requirement for these leaves
  - EXTENSION: Use this option to request extension of a previously approved leave
- Complete projected leave dates (leave start date to anticipated end date)
- Identify "Last Day Worked" (last physical day at work)
- Identify whether or not the request is for a work-related injury or illness
- Explain your need for leave - attach relevant detailed information to support your request for leave or extension
- Identify whether or not you are requesting leave as an accommodation under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). (Information about reasonable accommodation under ADA/FEHA can be obtained by selecting"Disability Access Office" from the HR Website at www.rc-hr.com)
- Sign and date the document
- Take form to Health Care Provider or Workers' Comp. Primary Treating Physician (as applicable) to complete

SECTION B - HEALTHCARE PROVIDER (Doctor or Health Care Provider to complete)

Note: It is not necessary to complete this section if your Health Care Provider has provided you with a separate note covering the dates of leave requested and addressing whether it is medically necessary for you to remain off work, and you have attached that note to this request.

- Please have Health Care Provider complete this section in its entirety
- Submit completed form to your Department Designee

SECTION C - DEPARTMENT (For Department Designee to complete)

- For leaves *not* exceeding 480 hours*, the department head has the approval authority. These hours are inclusive of any previous FMLA/CFRA/PDL or other leave hours used for the same event:
  - Check appropriate box (APPROVED, APPROVED W/ MODIFICATION, NOT APPROVED)
  - If approved with modification, provide a brief explanation
  - Sign, date and forward to the Disability Access Office
  - The Disability Access Office forwards to HR/Employee Services for processing
- For leaves exceeding 480 hours*, the Department Head *recommends* approval or denial:
  - If department *recommends approval*, sign and date the form
  - If department *recommends approval with modification*, note recommended modifications and attach brief explanation, sign and date the form
  - If department *does not recommend approval*, an explanation must be provided with the form. Sign and date the form
  - Forward to the Disability Access Office for review & approval
  - The Disability Access Office will forward to Central HR/Employee Services for processing
- For employees returning from leave of absence:
  - Complete a *Return From Leave* form (available from the HR Website/FMLA, CFRA, PDL and Other Leaves page at www.rc-hr.com) and forward to the the Disability Access Office for processing
  - The Disability Access Office forwards to HR Employee Services for processing (as applicable)

SECTION D - HUMAN RESOURCES

- The Assistant CEO/Human Resources Director has final approval authority on leave requests exceeding 480 hours*. Denials also require the Human Resources Director's signature. **The Human Resources Department/Disability Access Office acts as the Human Resources Director's Designee in this regard.**
- After review, the HR/Disability Access Office will note if the request is approved, not approved or approved with modification, and may include any comments relevant to the decision.
- When the request process is complete, the form will be forwarded to HR Employee Services
- The Disability Access Office will forward copies to the requesting department.
- The HR/Employee Services staff will process the leave request in PeopleSoft.
- The Department Designee (or the Disability Access Office) will notify the employee of the decision.

***Hours total includes previous leave used for same event.**