





# CHECKLIST

INFORM YOUR SITE ADMINISTRATOR OR SUPERVISOR THAT YOU ARE PREGNANT
IF INSURED BY DISTRICT HEALTH AND WELLNESS BENEFITS, GO TO VUSD.ORG TO EXPLORE DETAILS OF THE MAVEN PROGRAM OFFERED BY SISC.
ONE MONTH PRIOR TO YOUR DUE DATE, CONTACT YOUR HRD BENEFIT TECHNICIAN TO SCHEDULE YOUR MATERNITY MEETING.
WHEN YOUR DOCTOR IS READY TO TAKE YOU OFF WORK, COMPLETE THE REQUEST FOR MATERNITY LEAVE FORM, HAVE YOUR DOCTOR COMPLETE THE PHYSICIAN'S STATEMENT ON THE FORM OR PROVIDE A NOTE FROM YOUR PHYSICIAN TAKING YOU OFF WORK.
IF YOU PAY INTO A DISABILITY PROGRAM, COMPLETE THE CLAIMANT'S OR EMPLOYEE'S STATEMENT OF YOUR DISABILITY CLAIM FORM AND PROVIDE YOUR PHYSICIAN WITH THE PHYSICIAN'S STATEMENT.
PROVIDE THE FOLLOWING TO YOUR HRD BENEFITS TECHNICIAN TO INCLUDE: • REQUEST FOR MATERNITY LEAVE FORM
<ul> <li>DOCTOR'S NOTE TAKING YOU OFF WORK IF PHYSICIAN'S STATEMENT IS NOT COMPLETED</li> </ul>
<ul> <li>YOUR PORTION OF YOUR DISABILITY CLAIM FORM</li> </ul>
IF APPLICABLE, SUBMIT YOUR REQUEST FOR PARENTAL LEAVE
ONCE THE BABY IS BORN, IF ADDING BABY TO INSURANCE, PROVIDE YOUR HRD BENEFIT TECHNICIAN WITH THE SISC MEMBERSHIP CHANGE FORM AND A COPY OF BABY'S BIRTH VERIFICATION LETTER. YOU HAVE THIRTY DAYS TO FROM BABY'S BIRTHDAY TO ADD THEM TO YOURPLAN.
PRIOR TO RETURNING TO WORK FROM MATERNITY LEAVE AND/OR STARTING PARENTAL LEAVE YOUR DOCTOR WILL NEED TO COMPLETE THE RETURN FROM MATERNTIY LEAVE REQUEST FORM.
IF YOU WISH TO CHANGE YOUR SUN LIFE BENEFICIARY DESIGNATION FORM, CONTACT YOUR HRD BENEFIT TECHNICIAN.
IF YOU WOULD LIKE TO CHANGE YOUR W-2 WITHHOLDINGS, PLEASE REACH OUT TO YOUR PAYROLL TECHNICIAN.

# Frequently Asked Questions

1. I just found out I am pregnant, what should I do?

a. Let your site administrator or supervisor know so that preliminary planning for coverage of your position can begin. If enrolled in District offered health and wellness benefits through Anthem Blue Cross, visit the VUSD website to explore details of the Maven program offered through SISC. Maven is a free on-demand care for maternity and postpartum support.

2. How long can I keep working?

a. You may keep working as long as your doctor believes you are able to safely work. This medical decision will not be made by the District. If your doctor imposes work restrictions, the District will determine whether the restrictions can be reasonably accommodated.

3. I am due in a few weeks and my doctor has taken me off work. What do I do?

a. Please notify your HRD Benefit Technician and provide them with a completed request for maternity leave form. The medical certification portion of the form and/or a note from your doctor **must** accompany your form.

4. How long will my maternity leave last?

a. Maternity leave (Pregnancy Disability Leave) is different for everyone as every pregnancy is different. Your doctor determines the length of your leave. Typically, maternity leave starts the day your doctor takes you off work and extends from the date of baby's birth for a period of six weeks if baby is born naturally or eight weeks if baby is born via cesarean section.

5. May I file for disability (i.e., The Standard or American Fidelity) for maternity leave (PDL)?

a. For certificated and management employees that have purchased a disability policy, you may be eligible to file a claim. Classified staff members are automatically enrolled in a basic policy. Please contact the disability carrier directly to discuss your plan. The Standard can be reached at 800-552-0406. American Fidelity can be reached at 800-662-1113.

6. Who files my disability claim?

a. You are responsible for filing your disability claim. Your HRD Benefit Technician is happy to assist you with filing your claim. Your HRD Benefit Technician will promptly complete the employer's portion of your claim form once you have provided them with the forms and are out on maternity leave (PDL)

7. Am I eligible to collect state disability insurance?

a. Employees of the District do not pay into State Disability Insurance (SDI) so you may not eligible. However, eligibility for state disability is determined by that agency and it is suggested you contact EDD for specific information. If you have paid into SDI with a prior employer, you may qualify.

#### Frequently Asked Questions Continued

8. Does my baby automatically get enrolled in my insurance plan?

a. No, you must complete the SISC III membership change form and provide a copy of the baby's birth verification from the hospital within thirty days of the baby's date of birth.

9. What happens if I forget to add my baby to my health and wellness benefits?

- a. You will have to wait until open enrollment to add baby to your insurance. Open enrollment typically occurs every year in July.
- 10. What is Parental Leave?
  - a. Parental Leave is formerly known as baby bonding. Parental leave provides up to twelve weeks (60 days) of leave after one year of employment. This leave may be taken up to baby's first birthday.

11. Am I also eligible for FMLA and/or CFRA leave while I'm out on maternity leave and parental leave?

a. If you meet the FMLA/CFRA eligibility requirements of working for VUSD for more than one year and you have worked more than 1250 hours over the past year, you may qualify for FMLA/CFRA leave. However, FMLA and CFRA leave do not entitle you to additional time off. Both leave types provide up to 12 weeks of unpaid job and benefit protection. These leaves run concurrent with maternity leave (PDL) and parental leave.

# Sample Timeline for Maternity Leave/Parental Leave

\*Please note – This is a sample for illustrative purposes only. Your individual situation will vary.\*

This example illustrates a pregnant employee that is disabled (PDL) for 8 weeks, two weeks before birth and 6 weeks afterward. She then takes 12 work weeks (60 days) of parental leave (baby bonding). She has 15 days of sick leave.

Dischility		BABY				
Disability	2 WEEKS	BORN	6 WEEKS			
Pay	SIC	K LEAVE US	ED	DIFFER	ENTAL PAY (PAYROLL ADJUSTMENT)	
Lague					FMLA/PARENTAL	
Leave	PDL/FMLA (8 WEEKS)			LEAVE (4 WEEKS)		
Type					CFRA (12 WEEKS)	

12. How will my maternity leave (PDL/FMLA) or parental leave (FMLA/CFRA) affect my pay?

a. Accrued sick leave will keep you in a fully paid status for each leave type. Once you exhaust your sick leave, you will be subject to a payroll adjustment.

#### Frequently Asked Questions Continued

13. How much is the payroll adjustment?

a. For Certificated staff members the daily rate that will be deducted from your pay is \$200.00 per day, which equates to \$28.57 per hour.

b. For Classified staff members and all management staff members the payroll adjustment will be 50% of your hourly rate for any hours taken.

14.Do you use my sick leave during break periods or holidays, or am I subject to a payroll adjustment during those time periods?

a. No, sick leave or payroll adjustments will not apply to non-contract days.

15.I heard that during Parental Leave you will only deduct up to fifty percent of my gross pay. Is that correct?

a. Yes, this is correct. Your HRD Benefit Technician will apply what's called a rolling payroll adjustment. They will adjust your pay up to 50% of your gross pay. The balance of the adjustment will be taken in subsequent months. This means that you could be back to work and continue to have a payroll adjustment rolling into the month that you return to work.

16. Who is eligible to take Parental Leave?

a. All employees upon the birth, adoption, or emergency foster placement of a child once they have been with the District for a full year. Documentation supporting the birth, adoption or emergency foster placement is required.

17. May I take Parental Leave when the baby is two years old?

a. No, parental leave may be taken up to baby's first birth date.

- 18.Am I eligible to collect disability payments during parental leave (baby bonding)?

  a. No, disability insurance covers the period that you are out on maternity leave (PDL).
- 19. What happens to my benefits during maternity leave (PDL) or parental leave?
  - a. Benefit coverage will continue if you remain in a paid status (full or partial).

20. When can I return to work?

a. You may return to work as soon as your doctor releases you. The District requires either the Request to Return to Work from Maternity Leave form or a note from your doctor stating the date that you may return to work while also indicating whether or not you have restrictions upon your return.

21.Do I need to be cleared to return to work prior to parental leave starting?

a. Yes, you must be cleared to return to work prior to parental leave starting. 22.Will I receive lactation accommodations upon my return to work?

a. Yes, please speak with your administrator or supervisor.

23. What if I'm still confused?

a. Please reach out to your HRD Benefit Technician. We understand that this can be confusing as every situation is unique. We are here to help!



# **REQUEST FOR MATERNITY LEAVE**

#### (PREGNANCY DISABILITY LEAVE)

Employee Name:	Employee ID #:	HRS/Day:
Work Site/Department:	Position:	Phone #:
*CERTIFICATED (VUTA) CERTIFICATED MAN	AGEMENT CLASSIFIED (CS	SEA) CLASSIFIED MANAGEMENT)
*FOR CERTIFICATED, CHECK BOX IF APPLICABLE:		
I am in the induction program.	dual enrollment position with COS.	I currently receive a prep buyout.
EMPLOYEE ACKNOWLEGEMENT:		
<b>Medical Certification is required</b> in order to be eligible to Physician's Statement below or a note from the treating physician to work due to a pregnancy related disability.		
Please check the type of medical certification included with	my request: Physician's State	ement (below) Doctor's note (attached)
I understand that my accumulated sick leave will be used to understand I will be subject to a payroll adjustment. Per the impacted if the employee is not in a fully paid status for 75%	Employee Compensation Policy, salar	
I understand that if I am eligible for FMLA/CFRA, any qualifyi	ng leave will be designated to run con	currently with FMLA/CFRA.
Employee Signature:	Date	): :
Note to Physician: This form is to verify when the employee to the District Office  The patient named above is under my care. It  pregnancy related disability beginning on  The patient's estimated due date is  Signature of Physician  Name of Physician (print or type)	or faxed to VUSD at (559) 735-8099.	e able to continue working due to a
FOR HRD USE ONLY  Comments:  Approved	<b>Denied</b> Elig	gible for FMLA/CFRA Yes No
Approved/Denied By:	Da	te:



# REQUEST TO RETURN TO WORK FROM MATERNITY LEAVE

#### (RETURN FROM PREGNANCY DISABILTY LEAVE)

Employee Name:		Employee ID #:	HRS/Day:
Nork Site/Department:	Position:		Phone #:
CERTIFICATED (VUTA) CERTIFICATED	ATED MANAGEMENT	CLASSIFIED (CSEA)	CLASSIFIED MANAGEMENT
Medical Certification is required in order to a completion of the Physician's Statement below is cleared to return to work, indication if the em	or a note from the treatinployee is able to return v	ng physician that includes the	delivery date, the date the employee d restrictions listed, if any.
PHYSICIAN'S STATEMENT	(This section is to be co	mpleted by your health care pro	ovider.)
<b>Note to Physician:</b> This form is to verify w Completed form can be returned by the en			
The patient named above is under my ca	are. The patient's date	of delivery was :	
The patient is able to return to work from with or without restrictions.		sability onote the restrictions and dura	tion of restrictions below:
Signature of Physician		- Date	
Name of Physician (print or type)		Phone Number	
EMPLOYEE STATEMENT:			
I intend to return to work on the date indic	cated in the Medical Certi	fication.	
I intend to request Parental Leave (FMLA/ must be submitted with this form.	'CFRA-Child Bonding Lea	ve) immediately following Mat	ernity Leave. A Request for Parental Leave
Employee Signature:		Date:	



### **REQUEST FOR PARENTAL LEAVE**

(BABY BONDING)

Employee Name:		Employee ID #:	HRS/Day:			
Work Site/Department:	Position:		Phone #:			
*FOR CERTIFICATED, CHECK BOX IF APP  I am in the induction program.	TIFICATED MANAGEMENT  LICABLE:  I am in a dual enrollment	CLASSIFIED (CSEA)	CLASSIFIED MANAGEMENT  currently receive a prep buyout.			
Employees who have been employed with VUS weeks of leave for the birth of an employee's oup to one year from the child's birth, foster pl CFRA will run concurrently with Parental Leave.	child or the placement of a child vacement or adoption to use the	with an employee in connection	with adoption or foster care. Employees have			
Reason for Parental Leave Request:						
Birth of child born on	(Date	)				
Birth Mother: A completed Request Parental Leave.	to Return From Maternity Leave fo	orm must be submitted to your E	Benefit Technician in order to be eligible for			
	Other Parent: Documentation verifying birth of child, such as copy of the certificate of birth from the hospital or a copy of the birth certificate, must accompany this request.					
Adoption or Foster Care Placement: Child's placement date  Documentation verifying adoption or foster care placement, including the placement date, must be attached.						
<b>Dates Requested:</b> Please indicate the tentative dates you plan on taking Parental Leave. After review of your request, your Benefit's Technician will contact you to finalize dates of leave.						
Tentative Leave Dates	:	to				
If taking leave intermittently, list the tentative may be taken in smaller increments of time.	e dates below. Leave must be take	en in a minimum of two week ind	crements and on two sperate occasions,			
I understand that my sick leave will be used subject to a payroll adjustment. Per the Empl is not in a fully paid status for 75% of the year	oyee Compensation Policy, salary					
Signature:		Date:	_			
FOR HRD USE ONLY						
Comments:	oved Denied	Eligible for FMLA	/CFRA Yes No			
Approved/Denied By:		Date:				