

STATE DISABILITY INSURANCE DEPARTMENTAL NOTIFICATION

INSTRUCTIONS TO EMPLOYEES

Your State Disability Insurance (SDI) payments will be automatically supplemented with sick pay credits (if you have sick pay credits and are eligible to use them) to provide up to your normal salary **UNLESS**:

- you choose not to supplement, or
- you choose to supplement with either compensatory time off or vacation, or
- you choose not to apply for SDI.

If you choose any of the above options, you must notify your departmental Payroll Office within seven (7) calendar days of your first day of absence, by filling out the information below. [The above ruling is outlined in Civil Service Commission Rule 22, Section 22.02(F)].

TO BE COMPLETED BY EMPLOYEE

(CHECK ONE)

1. I do not wish to supplement SDI.
2. I wish to supplement SDI with sick pay, vacation and/or compensatory time* in the order listed:
1st _____ 2nd _____ 3rd _____
3. I do not wish to apply for SDI benefits. Instead, I wish to receive full salary from any sick pay, vacation, or compensatory time* credits I have coming to me. I understand that, if at any time in the future I file for SDI benefits for the injury or illness that occurred on the date below ("First full day of absence"), I must notify my departmental Payroll Office ***the next business day after filing***; otherwise, I will be in violation of State law.

Signature _____

Date _____

Printed Name _____

Home Address (Street, City, Zip Code) _____

First full day of absence _____

Date SDI applied for (fill out unless
Box 3 above is checked) _____

Employee Number (from check
stub) _____

Classification _____

Department Name _____

Work Phone Number _____

Home Phone Number _____

**Use of compensatory time requires your Appointing Officer's approval. If you choose this option, your departmental Payroll or Personnel Office will contact your Appointing Officer to obtain approval.*

FOR DEPARTMENTAL USE ONLY

Appointing Officer's Signature _____

Date _____

(for comp time approval only)

Departmental Contact: Name _____ Phone _____

NOTICE - YOU MAY BE ELIGIBLE FOR STATE DISABILITY INSURANCE BENEFITS

<p>YOU MAY BE ELIGIBLE FOR SDI BENEFITS</p>	<p>You may be eligible for State Disability Insurance benefits if:</p> <ul style="list-style-type: none"> • you've been absent from work for more than seven calendar days, or hospitalized for at least 24 hours, because of an illness or accident that's not work-related, and • you've been treated by a doctor or practitioner during this time.
<p>HOW TO APPLY FOR SDI BENEFITS</p>	<p>If you wish to apply for SDI benefits, you must fill out an SDI Claim Form. If a claim form is not enclosed, you must get one from the SDI office <u>in the county you live in</u> (see list below). Fill out the form and give it to your doctor or practitioner to complete the "Doctor's Certificate: part. Your doctor or practitioner will then send it to the SDI office. Whether you apply for SDI benefits or not, the City will lower your pay on the eighth day of your absence, as described below.</p>
<p>YOUR PAY WILL BE LOWERED ON THE EIGHTH DAY OF YOUR ABSENCE</p>	
<p>And you'll be paid from your sick-pay credits</p>	<p>On the eighth calendar day of your absence, or the first day of your hospitalization (whichever comes first), the City is required to lower your salary and to use your sick pay credits, if you have any, to pay your lowered salary. This lowered salary <u>supplements</u> (adds to) the amount the City expects you to receive from SDI. Using your sick pay credits to supplement the amount you receive from SDI allows you to continue receiving your normal salary.</p>
<p>If you want to choose another option</p>	<p>If you want vacation or comp time used to supplement SDI instead of your sick pay, if you don't want to supplement SDI at all, or if you will not be applying for SDI benefits, you must fill out the enclosed form and submit it to your departmental Payroll Office <u>within seven calendar days for your first day of absence</u>.</p> <p>If you won't be applying SDI you will be paid full salary from whichever paid-leave credits you specify (sick pay, vacation or comp time) until these paid leave credits run out.</p>
<p>SDI OFFICES</p>	<p>State of California, Employment Development Department:</p>
<p>San Francisco and Sand Mateo Counties</p>	<p>P.O. Box 3534, San Francisco, CA 94119-3534 (415) 557-3000</p>
<p>Alameda and Contra Costa Counties</p>	<p>P.O. Box 1857, Oakland, CA 94604-1857 (415) 464-0984</p>
<p>Marin, Sonoma Napa and Lake Counties</p>	<p>P.O. Box 700, Santa Rosa, CA 95402 (707) 576-2095</p>
<p>Sacramento and Solano Counties</p>	<p>P. O. Box 13140, Sacramento, CA 95813 (916) 739-2944</p>
<p>QUESTIONS</p>	<p>If you have any questions, please call your departmental Payroll Office.</p>