

### USE of PTO and ESL DURING an APPROVED LEAVE of ABSENCE - Pregnancy

As of the fourth (4<sup>th</sup>) shift, ESL will be paid by Payroll. ESL will continue to be paid if you have ESL available and are disabled, and will cease when you transition to baby bonding, personal leave or you return to work. If you are hospitalized as of the first (1<sup>st</sup>) day of your leave, ESL will be paid from payroll as of this date. If elected, PTO will be supplemented with ESL until ESL is exhausted and/or will be supplemented with State Disability Insurance (SDI) and/or Short-Term Disability (STD) benefits for remainder of your leave. The use of PTO during pregnancy leave is optional.

### Programs and WAITING PERIOD

If you are on a pregnancy leave, you may be eligible for California State Disability Insurance (SDI) benefits and, if you elected, Short Term Disability (STD) benefits. There is a 7-day waiting period.

If you qualify for California Paid Family Leave (PFL) benefits, you do not have to satisfy another 7-day waiting period before benefits are paid. You may be eligible for California PFL benefits even if you do not meet the requirements for a leave under FMLA/CFRA (Family Medical Leave Act/California Family Rights Act). PFL benefits are paid up to 6 weeks.

California SDI and PFL benefits are both paid by the California Employment Development Department (EDD). [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability), 1-800-480-3287.

### PROCEDURES

If you did not make a PTO election at the time you requested your leave from Matrix, make or change your election immediately. You must email or fax this form to Payroll within **5 BUSINESS DAYS of your leave start/change**. Your default election will be **NO PTO** while on leave if no election is chosen. Email: [payrollloa@stanfordhealthcare.org](mailto:payrollloa@stanfordhealthcare.org), Fax #: 650-725-0312.

California State Disability Insurance (SDI) pays 60% of pre-disability income, up to a maximum weekly rate (refer to [www.healthysteps4u.org](http://www.healthysteps4u.org)) after a 7-day waiting period. If you selected the optional Short-Term Disability (STD) insurance plan, your coverage will coordinate with SDI to pay a combined total of up to 60% of your pre-disability base wage\* up to \$1,846 a week.

You may elect to use PTO to coordinate with your disability income to bring your total income up to your pre-disability base wage\*. Don't forget that disability income is not subject to state and federal taxes. Any PTO used will be subject to state and federal taxes.

Use the following worksheet to calculate the approximate amount of ESL and PTO (if elected) you will use per week (after the waiting period) to coordinate with your disability insurance income. Your calculation will be audited by the Payroll Department who is responsible for calculating the final PTO coordination determination

	Your Calculation	Sample Calculation
A. Your scheduled hours per week	_____	40
B. Your hourly base wage**	_____	\$55
C. Your weekly salary (A x B)	_____	\$2,200
D. Calif. SDI Benefit (C x .60) (if this exceeds max weekly rate, enter current max rate) <b>See **Note below</b>	_____	\$1,216 (2018 max rate)
E. STD Benefit (60% of your base salary minus SDI) (C x .60) – D <b>See **Note below</b>	_____	\$104
F. Total Disability Income (D + E) nontaxable	_____	\$1,320
G. Estimated <b>maximum</b> PTO use per week (C – F) ÷ B	_____	16 hours

\*Base wage is based on the scheduled hours reflected in your official HR records. If you have worked a schedule different than that reflected in your records, the calculation will be made on the official scheduled hours (also called commitment, appointment and FTE). Base wage does not include differentials, overtime or other premiums.

**\*\*For line "D & E", use the calculation formula of 70% (multiply by .70) if your weekly salary listed in "C" is less than \$357**

Name (printed)	Title	Employee ID#
Department		
Address while on Leave		Phone while on Leave

**EMPLOYEE ELECTIONS**

**IMPORTANT:** To make a PTO election or make a change, you must complete this form immediately. You must email or fax this form to Payroll within **5 BUSINESS DAYS of your leave start/change**. Your default election will be **NO PTO** while on leave if no election is chosen. Benefit premium payments will continue to be deducted using PTO/ESL/ATO. For any benefit premiums that are not collected while on leave, or if you do not return from leave, you are agreeing to authorize the collection of these premiums through payroll beginning with your next payroll check.

**For Pregnancy Disability Period:**

I understand that ESL must be used and will be paid as of the fourth (4) shift during the SDI and/or STD waiting periods. \*ATO for RN's only

- I elect to use PTO/ATO\* during the 7-Day waiting period for State Disability (SDI) and/or STD.
- I elect to supplement my SDI and/or STD with PTO/ATO\* after the waiting period.
- I elect not to use PTO during my pregnancy leave.
- I will be hospitalized on the first (1<sup>st</sup>) day of my leave.

**For California Family Rights Act (CFRA/Baby Bonding, if qualified) with Paid Family Leave:**

- I elect to use PTO to supplement my Paid Family Leave (PFL).
- I elect to use full PTO after PFL ends.
- I elect to not use PTO after PFL ends.
- I elect not to use PTO at all during my CFRA Leave.

**For Personal Leave with Paid Family Leave (NOT qualified for CFRA/FMLA):**

- I elect to use PTO to supplement my Paid Family Leave (PFL).
- I elect to use full PTO after PFL ends.
- I elect to not use PTO after PFL ends.
- I elect not to use PTO at all during my leave and will pay full cost for my benefits.

**For Personal Leave following CFRA/Baby Bonding:**

- I elect to use PTO during my leave.
- I elect not to use PTO during my leave and will pay full cost for my benefits.

Employee Signature	Date:
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