

**SANTA CRUZ COUNTY  
PERSONNEL ADMINISTRATIVE MANUAL**

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| <b>Topic: MILITARY LEAVE POLICY</b><br><b>Section: LEAVES OF ABSENCE</b><br><b>Number: XIII.2.D</b> | <b>Date Issued: 2015</b> <b>Revised 2/2017</b> |
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**PURPOSE:**

To explain the County's Military Leave of Absence policy.

**LEGAL BASIS:**

- Federal Family and Medical Leave of 1993, Final Rule, January 2009 (29 C.F.R. Part 825)
- Moore-Brown-Roberti California Family Rights Act of 1993 (CA Government Code Sections 12945.2 and 19702.3)
- California Fair Employment and Housing Act
- Uniform Services Employment and Reemployment Rights Act (USERRA)
- Government Code Section 20997

**CROSS REFERENCES:**

PAM XIII.1.B Family Medical Leave Act (FMLA) and CA Family Rights Act (CFRA)  
Leaves of Absence  
PAM XIII.4 Return from Leaves of Absence

**POLICY:**

Military leaves are subject to the terms of the **Uniformed Services Employment and Reemployment Rights Act (USERRA)**.

Per County policy, employees are eligible for up to 30 calendar days per fiscal year of time off with pay for training if:

1. it is for active military training and
2. the employee has been employed by the County for at least one year or has one year of active military service.

Such leave encompasses "summer drills" such as two week encampments or cruises, but may also include special assignments or call up for emergency duty. Under certain circumstances, employees may be called to military duty with pay for a longer period of time.

## **PROCEDURES**

### **I. GOING OUT ON A MILITARY LEAVE OF ABSENCE**

1. For Active Duty, employees complete and submit to department:
  - a. Request for a Military Leave of Absence on County form PER1073 “Employee Request For Military Leave (Active Duty)”
  - b. Copy of Military Orders
2. For Inactive Duty, employees complete and submit to department:
  - a. Request for leave on a form PER1082 “Employee Request for Time Off – Departmental” showing beginning and ending dates of the leave.
3. Appointing Authority reviews request and documentation and approves or disapproves, or asks for missing information. Upon approval, Appointing Authority forwards all paperwork to the departmental payroll clerk for processing.
4. Payroll clerk will need to complete a Personnel Action Form for ALL (paid and unpaid) military leaves, including Military leaves that are less than one day. These dates should be consistent with the dates indicated on the Military Orders.
  - a. For unpaid leaves of absence of 160 or more consecutive hours payroll clerks must also prepare a PER1083 form showing the beginning and ending dates of leave of absence without pay.

All paperwork should then be forwarded to Leaves unit in Risk Management.

5. Leaves staff reviews the Leave request for completeness and adherence to the regulations. Any discrepancies or questions are discussed with the Department. If approved on behalf of Personnel Director, Risk forwards all paperwork to the Records Unit.
6. Records Unit logs the paperwork and inputs approved Leave of Absence into the payroll system. The Records Unit forwards the action form to the Payroll Unit of the Auditor's Office.

### **II. RETURNING FROM A MILITARY LEAVE OF ABSENCE**

Return from a Military Leave of Absence is subject to the terms of the **Uniformed Services Employment and Reemployment Rights Act (USERRA)**. Departments shall consult with the Leaves of Absence Coordinator in the Risk Division when an employee is anticipated to return from a Military Leave.

- . Departmental personnel/payroll clerk prepares Personnel Action Form for return from unpaid Military leaves, attaches all required documentation (including orders that show a release date), and forwards documentation to the Leaves unit in Risk Management.
2. For every employee returning from a Military leave, the Department is required to provide employee with the CalPers form, *Request for Service Credit Information –Military Leave of Absence Service (PERS-MD-369A, Hard Copy Below)*  
<https://www.calpers.ca.gov/docs/forms-publications/retired-military-service-credit.pdf>
- . Leaves staff reviews action forms and documentation and discusses any questions with the department. If approved, forwards all paperwork to the Records Unit.
- . Records Unit inputs action into the Personnel/Payroll system and forwards a copy of the action form to the Payroll Unit in the Auditor's Office.



# Request for Service Credit Cost Information — Retired Military Service

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

\_\_\_\_\_  
Name of Member (Last Name, First Name, Middle Initial) Social Security Number or CalPERS ID

## Section 1

### About You

\_\_\_\_\_  
Member Mailing Address

\_\_\_\_\_  
City State ZIP Code

( ) \_\_\_\_\_  
Phone Number Email Address

Provide your retirement date: \_\_\_\_\_  
Retirement Date (mm/dd/yyyy)

Have you ever been a member of a public retirement system in California other than CalPERS?

No  Yes

\_\_\_\_\_  
Name of System(s)

If yes, have you purchased the service being requested in that retirement system? No Yes

Are you currently receiving military retirement pay based on 20 or more years of active duty service?

No  Yes

## Section 2

### Military Active Duty Service Dates (attach certification)

You must attach a copy of your military documents (i.e., DD-214). Point summary documents are not accepted.

Provide the number of years to purchase or check the box to receive the maximum allowable. Otherwise, your DD-214 will be used to determine your eligible service, up to the maximum allowable.

Requested number of years to purchase: \_\_\_\_\_ or  Maximum years allowable

## Section 3

### Member Certification

Sign and date the request form. Make a copy for your records.

I hereby certify under penalty of perjury the above information is true and correct to the best of my knowledge. I understand I must meet the requirements under California law. I have reviewed the publication **A Guide to Your CalPERS Military Service Credit Options** (PUB 15) and I meet all the requirements outlined in the publication. I understand it is my responsibility to ensure this form is received by CalPERS. I further understand any balance resulting from an election must be paid in full, or my retirement benefit will be reduced monthly until the balance is paid in full.

\_\_\_\_\_  
Member Signature Date (mm/dd/yyyy)

If you have established reciprocity or have an approved final compensation exchange, we will contact the retirement system to determine your highest pay rate, which can be used in the calculation of your Military service credit.

Mail to:

CalPERS Member Account Management Division • P.O. Box 4000, Sacramento, California 95812-4000

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).