

NOTICE

Military Family Leave

On January 28, President Bush signed into law the National Defense Authorization Act for FY 2008 (NDAA), Public Law 110-181. Section 585(a) of the NDAA amended the FMLA to provide eligible employees working for covered employers two important new leave rights related to military service:

- (1) New Qualifying Reason for Leave.** Eligible employees are entitled to up to 12 weeks of leave because of “any qualifying exigency” arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation. By the terms of the statute, this provision requires the Secretary of Labor to issue regulations defining “any qualifying exigency.” In the interim, employers are encouraged to provide this type of leave to qualifying employees.

- (2) New Leave Entitlement.** An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the servicemember. This provision became effective immediately upon enactment. This military caregiver leave is available during “a single 12-month period” during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

Additional information on the amendments and a version of Title I of the FMLA with the new statutory language incorporated are available on the FMLA amendments Web site at http://www.dol.gov/esa/whd/fmla/NDAA_fmia.htm.



**IMPERIAL COUNTY - REQUEST FOR MILITARY LEAVE OF ABSENCE
 * TRUE AND CORRECT COPIES OF DEPLOYMENT ORDERS MUST BE ATTACHED ***

Department _____ Date _____

Employee Name	Employee ID Number and SSN	Job Title and Date of Hire

Date Orders Confirm Active Duty Begins: _____

Date Orders Confirm Active Duty Concludes: _____

Date Employee Anticipates Return to Work: _____

I, the undersigned, desire to reduce the following voluntary deductions from any stipend to which I am entitled starting on the thirty-first (31st) calendar day of my military leave pursuant to County Ordinance §3.08.260:

- Deferred Compensation, Voluntary Life Insurance and Supplemental Life/Health Insurance:* You will need to contact your individual provider(s) to make any changes.
- Health Insurance:* From _____ Plan Number _____ to _____ Plan Number _____.
- Vision/Dental Insurance:* _____ Continue _____ or _____ Discontinue _____.
- 125 Plan Payments:* From _____ Dollar Amount _____ per pay period to _____ Dollar Amount _____ per pay period.
- Voluntary Federal Tax Withholdings:* From _____ Dollar Amount _____ per pay period to _____ Dollar Amount _____ per pay period.
- Voluntary State Tax Withholdings:* From _____ Dollar Amount _____ per pay period to _____ Dollar Amount _____ per pay period.
- Union Dues:* _____ or _____ Discontinue _____.
- Other Voluntary Payroll Deductions:* _____.

I understand that the County cannot make any changes to my voluntary Federal and State tax withholdings unless I complete and sign W-4 (Federal) and/or DE 4 (State) form(s). I agree to repay any and all voluntary deductions that my stipend does not cover within twelve (12) months of my return to County employment.

I understand that I have the option of providing the County with Power(s) of Attorney so that family members or other authorized individuals may assist me in obtaining stipends during my active duty deployment. I further understand and acknowledge that the County cannot provide me with legal advice concerning which Power(s) of Attorney are appropriate for my specific military leave situation.

I understand and acknowledge that the County will provide for the County-sponsored health and life insurance plan (Plan IV) for me and my dependents beginning on the thirty-second (32nd) calendar day of my military leave for the next three hundred thirty-fifth (335th) calendar days.

I understand and acknowledge that I must contact the County Human Resources Department within ten (10) working days of my release from active duty status to provide notification of such release.

Dated: _____

 Signature of Employee

Distribution: White – Human Resources Pink – Employee Goldenrod – Auditor/Controller
 Canary – Department Green – Treasurer/Tax Collector

**INFORMATION CHECKLIST FOR COUNTY EMPLOYEES
TAKING MILITARY LEAVES OF ABSENCE**

Employee Name: _____

Position: _____

Department: _____

Date Leave Begins: _____

I. **Request for Leave of Absence and Presentation of Orders.** Please complete the attached form entitled "Imperial County - Request for Military Leave of Absence" and present the completed form, along with a true and correct copy of your orders, to Human Resources. Your orders must confirm you have been ordered to active military duty as a result of the activation of military reservists or ordered into active federal military duty as a member of the National Guard or Naval Militia in order to be entitled to a military leave of absence pursuant to County Ordinance §3.08.260.

II. **Leave and Earnings Statements and County Stipends.** Federal and State law provide that qualified individuals shall be entitled to receive their County salary for the first thirty (30) calendar days of an authorized military leave of absence; however, pay for those purposes may not exceed thirty (30) days in any one fiscal year. In addition, County Ordinance §3.08.260 provides that all County employees on an authorized military leave of absence shall be entitled to receive a stipend amounting to the difference between their regular County salary and their military salary starting on the thirty-first (31st) calendar day of military leave. This stipend shall continue for up to three hundred thirty-five (335) calendar days of active military service.

In order to receive this stipend, you must provide a true and correct copy of your Leave and Earning Statement ("LES") to the Auditor-Controller's Office each time you request this stipend. Your LES must correspond with the County pay period for which you seek compensation. Absent backup in the form of your LES, the Auditor-Controller will not be able to issue your stipend. All stipends will be issued on the payday following submission of your claim for stipend.

You may provide the County with appropriate Power(s) of Attorney should you wish a family member or other authorized individual to assist you in obtaining stipends during your active duty deployment.

III. **Mandatory Payroll Deductions and County Retirement System Deductions.** The County will take all mandatory deductions as required by law (e.g., Federal and State taxes, SDI, Medicare, etc.) from all stipend checks. In addition, the County will continue to make deductions where court orders so require (e.g., garnishments, child support payments, etc.).

There will be no deductions made from the stipend checks for the County's retirement system; however, you can receive credit for service for all or any part of your military service if, before retirement from the County, you contribute what you would have paid to the fund based on your compensation earnable at the time you received the military absence, plus interest (Government Code §31649.5).

IV. **Job Benefits That Accrue Only During Active County Service.** County Ordinance §3.08.260 provides that, unless your bargaining unit's current Memorandum of Understanding provides otherwise, job benefits that accrue only when you are actively engaged in County service (e.g., holiday, vacation, sick leave pay, uniform/post/shift differential, merit increases, dues, birthday holiday, etc.) shall not be included in stipend computations.

V. **Voluntary Payroll Deductions.** County Ordinance §3.08.260 gives you the option to reduce or defer your voluntary payroll deductions during your authorized military leave of absence. Please contact Human Resources if you would like to discuss how to reduce or eliminate the following voluntary deductions:

Deferred Compensation	Health (Plans I, II and III only)	Dental/Vision Insurance
Voluntary Life Insurance	and Supplemental Life/Health Insurance	
125 Plan Payments	Voluntary Tax Withholdings	Union Dues

I have reviewed this form with a County Representative and I understand my rights and obligations as outlined herein.

Dated: _____ Signature of Employee

Dated: _____ Signature of County Representative

Distribution: White – Human Resources Pink – Employee Goldemrod – Auditor/Controller
Canary – Department Green – Treasurer/Tax Collector