



WEST VALLEY WATER DISTRICT  
855 W. Base Line Road, Rialto, CA 92376  
PH: (909) 875-1804 FAX: (909) 875-1849

HUMAN RESOURCES COMMITTEE MEETING  
AGENDA

THURSDAY, NOVEMBER 13, 2024  
6:00 P.M.

NOTICE IS HEREBY GIVEN that West Valley Water District has called a meeting of the Engineering, Operations and Planning Committee to meet in the Administrative Conference Room, 855 W. Base Line Road, Rialto, CA 92376.

**BOARD OF DIRECTORS**

Director Kelvin Moore, Chair  
Director Estevan Bennett

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Members of the public may attend the meeting in person at 855 W. Base Line Road, Rialto, CA 92376, or you may join the meeting using Zoom by clicking this link: <https://us02web.zoom.us/j/8402937790>. Public comment may be submitted via Zoom, by telephone by calling the following number and access code: Dial: (888) 475-4499, Access Code: 840-293-7790, or via email to [administration@wvwd.org](mailto:administration@wvwd.org).

If you require additional assistance, please contact [administration@wvwd.org](mailto:administration@wvwd.org).

## **CALL TO ORDER**

## **PUBLIC PARTICIPATION**

Any person wishing to speak to the Board of Directors on matters listed or not listed on the agenda, within its jurisdiction, is asked to complete a Speaker Card and submit it to the Board Secretary, if you are attending in person. For anyone joining on Zoom, please wait for the Board President's instruction to indicate that you would like to speak. Each speaker is limited to three (3) minutes. Under the State of California Brown Act, the Board of Directors is prohibited from discussing or taking action on any item not listed on the posted agenda. Comments related to noticed Public Hearing(s) and Business Matters will be heard during the occurrence of the item. Public communication is the time for anyone to address the Board on any agenda item or anything under the jurisdiction of the District. Also, please remember that no disruptions from the crowd will be tolerated. If someone disrupts the meeting, they will be removed.

## **DISCUSSION ITEMS**

1. Updates to the Human Resources Committee
2. Update on Employees on FMLA and Medical Leave
3. Update on Liability Claims
4. Update on Workers Compensation Claims
5. Update on Recruitments
6. September 17, 2024 and October 10, 2024 Committee Meeting Minutes
7. WVWD Audio and Video Surveillance Policy
8. Paid Family Leave Policy
9. Electronic Tracking and Geofencing Policy

## **ADJOURN**

Please Note:

Material related to an item on this Agenda submitted to the Committee after distribution of the agenda packet are available for public inspection in the District's office located at 855 W. Baseline, Rialto, during normal business hours. Also, such documents are available on the District's website at [www.wvwd.org](http://www.wvwd.org) subject to staff's ability to post the documents before the meeting.

Pursuant to Government Code Section 54954.2(a), any request for a disability-related modification or accommodation, including auxiliary aids or services, in order to attend or participate in the above-agendized public meeting should be directed to the Board Secretary, Elvia Dominguez, at least 72 hours in advance of the meeting to ensure availability of the requested service or accommodation. Ms. Dominguez may be contacted by telephone at (909) 875-1804 ext. 703, or in writing at the West Valley Water District, P.O. Box 920, Rialto, CA 92377-0920.

**DECLARATION OF POSTING:**

I declare under penalty of perjury, that I am employed by the West Valley Water District and posted the foregoing Agenda at the District Offices on November 7, 2024.

*Elvia Dominguez*

Elvia Dominguez, Board Secretary

*Date Posted: November 7, 2024*

**MINUTES**  
**HUMAN RESOURCES COMMITTEE MEETING**  
of the  
**WEST VALLEY WATER DISTRICT**  
September 17, 2024

**I. CALL TO ORDER**

Chair Moore called the meeting to order at 6:01 p.m.

Attendee Name	Present	Absent	Late	Arrived
Kelvin Moore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gregory Young	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Haydee Sainz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
John Thiel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Linda Jadeski	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**II. PUBLIC PARTICIPATION**

Chair Moore inquired if anyone from the public would like to speak. No requests were received therefore, Chair Moore closed the public comment period.

**III. DISCUSSION ITEMS**

1. Updates to the Human Resources Committee.

Human Resources & Risk Manager Sainz provided an update on the Classification and Compensation Study, stating that staff will meet with CPS to review and discuss the preliminary salary schedule that contains the 30 benchmarked positions. Staff were directed to schedule a meeting with the Ad Hoc committee the week of September 23<sup>rd</sup> to review the proposed salary schedule and discuss next steps.

Human Resources & Risk Manager Sainz reported that the Special District Risk Management Authority awarded the District with the 2024 McMurchie Excellence in Safety Award - Workers' Compensation Program which is a testament of the District's effort and dedication to prioritize safety in the workplace.

2. Update on Employees on FMLA and Medical Leave.

Human Resources & Risk Manager Sainz provided the report.

3. Update on Liability Claims.

Human Resources & Risk Manager Sainz provided the report.

4. Update on Workers Compensation Claims.

Human Resources & Risk Manager Sainz provided the report.

5. Update on Recruitments.

Human Resources & Risk Manager Sainz reported that the Purchasing / Inventory Specialist is scheduled to start on 9/23/24; the Facilities Maintenance Technician is scheduled to start on 9/30/24; Chief Financial Officer recruitment is still open and will close on 10/7/24; and staff from Engineering and Public Outreach and Government Affairs will be meeting to finalize the goals and objectives for the Water Conservation Analyst position which is expected open for recruitment soon.

6. Paid Family Leave (PFL) Policy - New.

Human Resources & Risk Manager Sainz reported that the District plans to transfer from the State's Disability Insurance to a private Short Term and Long-Term Disability program. Along with this transition, a Paid Family Leave Policy will need to be prepared. Staff are currently working on this policy and will present it to the Human Resources Committee and Policy Review & Oversight Committee before it goes to the Board for review and approval.

#### **IV. ADJOURN**

Chair Kelvin Moore adjourned the meeting at 6:23 p.m.

**ATTEST:**

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**Elvia Dominguez, Board Secretary**

**MINUTES**  
**HUMAN RESOURCES COMMITTEE MEETING**  
of the  
**WEST VALLEY WATER DISTRICT**  
**October 9, 2024**

**I. CALL TO ORDER**

Chair Moore called the meeting to order at 6:00 p.m.

<b>Attendee Name</b>	<b>Present</b>	<b>Absent</b>	<b>Late</b>	<b>Arrived</b>
Kelvin Moore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estevan Bennett	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Haydee Sainz	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
John Thiel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Linda Jadeski	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**II. PUBLIC PARTICIPATION**

Chair Moore inquired if anyone from the public would like to speak. No requests were received therefore, Chair Moore closed the public comment period.

**III. DISCUSSION ITEMS**

**1. Updates to the Human Resources Committee.**

Human Resources & Risk Manager Sainz provided an update on the Classification and Compensation Study, stating that staff continue to work on completing the compensation study that contains all 73 positions with their respective salary ranges. The Ad Hoc committee will meet to review the proposed salary schedule and discuss the next steps. The Board will also discuss the compensation study in closed session at the October 17, 2024 Board Meeting.

**2. Update on Employees on FMLA and Medical Leave.**

Human Resources & Risk Manager Sainz provided the report.

**3. Update on Liability Claims.**

Human Resources & Risk Manager Sainz provided the report.

**4. Update on Workers Compensation Claims.**

Human Resources & Risk Manager Sainz provided the report.

WVWD

Minutes: 10/9/24

**5. Update on Recruitments.**

Human Resources & Risk Manager Sainz reported that the Purchasing/Inventory Specialist's first day was September 23, 2024 and the Facilities Maintenance Technician's first day was September 30, 2024. The Chief Financial Officer recruitment rendered 52 applicants interested in the position and staff will meet with the recruiter for the review and schedule interviews. Additionally, the Water Conservation Analyst position is currently open for recruitment until filled.

**6. IE Works Contract Renewal 2024/25**

Human Resources & Risk Manager Sainz reported on the IE Works program which will prepare student interns for careers in the water technology industry through a 12-week hands-on program that rotates through Water Quality, Maintenance, Meters, Treatment, and Production. The contract needs to be renewed for fiscal year 2024-25 and will be presented at the next Board Meeting agenda for review and approval.

<b>RESULT:            REFERRED TO BOARD</b>
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<b>Next: 11/14/2024 6:00 PM</b>
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**IV.    ADJOURN**

Chair Kelvin Moore adjourned the meeting at 6:25 p.m.

**ATTEST:**

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**Elvia Dominguez, Board Secretary**



## STAFF REPORT

**DATE:** November 13, 2024  
**TO:** Human Resources Committee  
**FROM:** Haydee Sainz, Human Resources & Risk Manager  
**SUBJECT:** Paid Family Leave Policy

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### **MEETING HISTORY:**

N/A

### **BACKGROUND:**

A comprehensive benefits packages can be used to attract and retain talent. Family friendly policies are highly valued by employees. Paid Family Leave (PFL) is a benefit that provides partial income replacement to eligible workers who have a full or partial loss of wages due to the need to care for a seriously ill or injured family member, to bond with a new child, or to participate in a qualifying event as a result of a family member's military deployment to a foreign country.

Protecting employees' jobs and pay while they manage personal family issues increases employee retention, reduces turnover, and enhances recruitment efforts. It is also essential to ensure that all workers can meet their health and family needs without jeopardizing their employment and income. Research shows that paid leave increases the likelihood that workers will return to work after childbirth, improves employee morale, and has neutral or positive effects on workplace productivity.

District employees currently pay for California State Disability Insurance (SDI) contributions from their paychecks (approximately 1.1% of taxable wages), which also includes Paid Family Leave. The District collects these contributions and sends them to the State and the State administers the program.

The District will be withdrawing employees from California State Disability Insurance and replacing it with The Standard Short-Term and Long-Term Disability plan because it is a more robust benefit and costs would be paid by the District. This proposed policy will also provide employees with a Self-Administered Paid Family Leave that mirrors the State's program.

### **DISCUSSION:**

Offering a comprehensive benefits package is an important tool for the District to retain employees and be competitive and attractive to qualified candidates. Staff continues to seek and evaluate new benefits that will enhance the compensation package for employees. Paid Family Leave is an additional family friendly policy that is highly valued by the workforce because it supports employee work-life balance.



The District will be transitioning into a Short-Term Disability and Long-Term Disability insurance offered through The Standard. This only covers short-term cash benefits to employees who can't work due to a non-work-related injury, illness, or pregnancy, it does **NOT** include PFL. When considering a PFL program, staff evaluated and analyzed different funding structures and determined that a self-insured program is best suited for the District based on usage and costs in comparison to a private insurance.

The proposed Paid Family Leave Program would provide partial income replacement to eligible employees who have a full or partial loss of wages due to the need to care for a seriously ill or injured family member, to bond with a new child, or to participate in a qualifying event as a result of a family member's military deployment to a foreign country. The District's proposed program aligns with the State's PFL program and would provide the following benefits:

- Up to 8 weeks of paid benefits.
- 70% of base salary.
- Leave can be taken continuously or intermittently.

To be eligible, an employee must:

- Be a permanent employee of the District.
- Have earned at least \$300 in wages from the District within the 12 months immediately preceding the PFL start date.
- Have lost wages due to the need to provide care for a seriously injured or ill family member, to bond with a child or to participate in a qualifying event resulting from a family member's military deployment to a foreign country.

Lastly, PFL can be used in conjunction with other applicable leaves such as Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), and Pregnancy Disability Leave (PDL).

If approved by the Board of Directors, the program would go into effect January 1, 2025.

**FISCAL IMPACT:**

The District will pay approximately \$75,000 for STD and LTD for all employees. Similar to the Insurance programs (liability and worker's compensation), the District must set aside \$35,000 at all times in the event of a claim for benefits. This amount was determined based on an actuarial and working with Keenan and Associates, the District's benefit broker. There are sufficient funds to meet this requirement. Eligible employees can use this benefit at no cost to them.

**STAFF RECOMMENDATION:**

Staff recommends that the Board of Directors approve the proposed self-insured Paid Family Leave Program, which will become effective January 1, 2025.

**Attachments**

[WVWD Paid Family Leave Policy PFL 11.2024.pdf](#)

[PAID\\_FAMILY\\_LEAVE\\_POLICY FORMS 2024 \(DRAFT\).pdf](#)

## 1610. PAID FAMILY LEAVE (PFL)

The purpose of this section is to set forth the District's Policy as it pertains to Paid Family Leave (PFL) provisions for regular, full-time employees. Employees should refer to the District's leave policies for questions concerning eligibility for leave or rights pertaining to the Family Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA).

Public Agencies, including Districts, are not required to participate in SDI and by extension PFL (refer to the DE 231SC). Therefore, authority to provide PFL resides with the District.

The purpose of this policy is to define the District's policies and procedures regarding the provision of the PFL benefit. This policy does not entitle employees to "job protection" during their period of absence.

**Health Benefits.** PFL provides only partial wage replacement when you need to take time off work for family leave. You may have rights under other laws, such as the FMLA or the CFRA. The District will maintain the health care coverage of employees on FMLA or CFRA leave on the same terms as before leave began.

**Eligibility.** All permanent employees who meet the below qualifications of the District shall be eligible for benefits under the District's PFL plan as applicable with the Personnel Policies and Procedures. An employee's eligibility for the provisions of this policy terminates at midnight on the date of termination of the employer-employee relationship; or at midnight on the fifteenth day following a leave of absence without pay; or on termination of this policy.

PFL military assist benefit payments are only available to eligible family members to participate in qualifying events. PFL military assist benefits are not available for the military member.

To qualify for PFL leave, an employee must:

1. Meet the District's definition for eligibility and be covered by the Personnel Policies and Procedures specifying PFL benefits.
2. Take time off from work to care for a seriously ill family member, to bond with a new child or to participate in a qualifying military event.
3. Have earned at least \$300 in wages from the District within the 12 months immediately preceding the PFL start date.
4. Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

An employee who is off work to care for a child, spouse, parent, registered domestic partner, grandparent, grandchild, sibling, or parent-in-law with a serious health condition, or to bond with a new child, may be eligible to receive benefits through the District's PFL program.

**Process.** Employees must submit a completed PFL request form to human resources. Employees may be required to provide substantiated documents. If approved, employees must code the time via payroll. When an employee applies for PFL benefits, the human resources manager will determine if the employee has any accrued but unused paid time off, other than sick time, available. If the employee has accrued but unused paid time off, other than sick time, available, then the employee will be required to use up to two (2) weeks of such time before becoming eligible for PFL benefits.

Employees who need to take time off work to care for a child, spouse, parent, registered domestic partner, grandparent, grandchild, sibling, or parent-in-law with a serious health condition or to bond with a new child may contact the human resources manager for information about the District's PFL program and how to apply for benefits. Employees should maintain regular contact with the human resources manager while absent from work so we may monitor employees' return-to-work status. In addition, employees should contact the human resources manager when ready to return to work so we may determine what positions, if any, are open.

**Benefits.** Benefits are payable through payroll via designated earnings/hour code. Eligible employees may be entitled to the following PFL benefits:

1. The minimum basic amount payable shall be no less than \$50.00 per week.
2. The maximum weekly benefit amount that an employee can receive when on PFL will be \$1,620 per week.
3. The maximum duration of PFL is up to eight (8) weeks.
4. If eligible, employees will receive 70% of wages for PFL.
5. These benefit amounts are available for a 12-month period, based on a rolling calendar, look-back period.

#### **Interaction with California Sick Leave.**

Subject to the provisions of the Personnel Policies and Procedures and Section 233 of the California Labor Code an employee is entitled to supplement up to one-half (currently 48 hours) of their annually accrued paid sick time under this policy if:

1. The leave is to attend to the illness of a child, spouse, parent, registered domestic partner or Designated Person.
2. The leave is to bond with a new child, leave can be taken anytime within the first 12 months of a child entering your family
3. After exhausting the allotted sick leave, if eligible, the employee must exhaust their leave banks in the following order:

- a. Administrative Leave;
- b. Floating Holiday;
- c. Comp time;
- d. Vacation.

**Coordination of Leave.** Employees may coordinate this family leave benefit with other accrued leave balances (Vacation, Sick, Comp Time, Floating Holiday). At no time, however, shall coordination result in payment to the employee of more than one hundred percent (100%) of that employee's "normal" base wages payable.

**Probationary Period.** If the employee was serving a probationary period at the time of a PFL period, the remainder of the probationary period must be completed.

**Reinstatement.** Employees taking time off work to care for a child, spouse, parent, registered domestic partner, grandparent, grandchild, sibling, or parent-in-law with a serious health condition or to bond with a new child are not guaranteed job reinstatement unless they qualify for such reinstatement under federal or California family and medical leave laws. Any time off for Paid Family Leave purposes will run concurrently with other leaves of absence, such as Family and Medical Leave/California Family Rights Act Leave or California New Parent Leave, if applicable. Please see the FMLA/CFRA policies for eligibility requirements.

**State and Federal Taxes.** Your PFL benefits are taxable and reportable on your federal return only. For state taxes, PFL benefit payments are not reportable by California pursuant to Revenue and Taxation Code Section 17083.

**Legal.** If any paragraph, sentence, clause or phrase of this policy is held unlawful or invalid for any reason, said unlawfulness or invalidity shall not affect the remaining portions of this policy. Overall daily administration, application, and periodic review of this policy shall be the responsibility of the Human Resources Department.



Request for Paid Family Leave (PFL) Benefits - *Please return this form to the Human Resources Department*

Part A. STATEMENT OF EMPLOYEE		
Name	ID	
Phone	Email Address	
Mailing Address		
City	State	Zip
Date you want family leave benefit to begin:	Return to work date:	
Reason for Requesting family leave benefit: <input type="checkbox"/> Care for Family Member <input type="checkbox"/> Bond with child <input type="checkbox"/> Military Assist		
Do you have more than one employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship of care, bonding, or military assist recipient:  <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grand child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Sibling <input type="checkbox"/> Partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____		
Do you anticipate this to be an intermittent claim?      Yes                                      No		
If yes, please provide further details:		
<p><b>DECLARATION AND SIGNATURE.</b> By my signature on this claim statement I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for, bonding with, or participating in a qualifying event with the recipient named above; (2) authorize Human Resources to release my personal information as shown on this claim to the care recipient's treating physician as they are respectively listed in Part C and Part D of this claim; and (3) authorize release and use of information as stated in the "Information Collection and Access" portion of this form.. I declare under penalty of perjury that the foregoing statement including any accompanying statements is to the best of my knowledge and belief true correct and complete. I agree that photocopies of this authorization shall be as valid as the original and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.</p>		
Signature	Date	



**Request for Paid Family Leave (PFL) Benefits - *Please return this form to the Human Resources Department***

PART B - BONDING CERTIFICATION (To be completed by Person Claiming PFL Benefits to Bond with a Child)			
EMPLOYEE SOCIAL SECURITY NUMBER:		EMPLOYEE LEGAL LAST NAME:	
LEGAL NAME OF CHILD:			
CHILD'S GENDER: <b>Male</b> <b>Female</b>		CHILD'S DATE OF BIRTH:	(IF APPLICABLE) DATE OF FOSTER CARE OR ADOPTION PLACEMENT:
EVIDENCE OF RELATIONSHIP, CHECK ONE OF THE FOLLOWING AND ATTACH A COPY OF THE DOCUMENT CHECKED. (DO NOT SEND ORIGINAL DOCUMENT. IT WILL NOT BE RETURNED.)			
<input type="checkbox"/> CHILD'S BIRTH CERTIFICATE <input type="checkbox"/> DECLARATION OF PATERNITY, CS-909 <input type="checkbox"/> FOSTER CARE PLACEMENT RECORDS, SOC 815		<input type="checkbox"/> INDEPENDENT ADOPTION PLACEMENT AGREEMENT, AD-924 <input type="checkbox"/> CERTIFICATE OF PLACEMENT, AD-907 <input type="checkbox"/> Other _____	
<b>DECLARATION AND SIGNATURE.</b> By my signature on this bonding certification, I authorize the medical provider, adoption agency, adoption party (ies), or foster care placement agency to disclose to Human Resources Department all facts concerning the birth, adoption, or foster care placement of the above-named child. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements or documents, is to the best of knowledge and belief true, correct, and complete. I agree that photocopies of his authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.			
SIGNATURE		DATE	
PART C - STATEMENT OF CARE RECIPIENT			
(May be completed by authorized representative if care recipient is mentally or physical unable to do so. MUST be signed by care recipient or care recipient's authorized representative.)			
Recipient's Date of Birth:		Recipient's Telephone Number:	
LEGAL NAME OF CARE RECIPIENT:		RECIPIENT'S GENDER:	
CARE RECIPIENT'S RESIDENCE ADDRESS:			
City	STATE:	ZIP:	
<b>HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AUTHORIZATION.</b> I authorize any physician, practitioner, hospital, vocational rehabilitation counselor, or workers' compensation insurance carrier to furnish and disclose to my care provider, who is the claimant name and described in Part A of this claim, and to the Human Resources Department all facts concerning my condition that are within their knowledge and to allow inspection of and provide copies of any medical and billing records concerning my condition that are under their control. I understand that the Human Resources Department may disclose information as authorized by the California Unemployment Insurance Code and that such redisclosed information may no longer be protected by this rule. I agree that photocopies of this authorization shall be as valid as the original. I understand that, unless revoked by me in writing, this authorization is valid for fifteen years from the date received by the Disability & UI Department or the effective date of the claim, whichever is later. I understand that I may not revoke this authorization to avoid prosecution or to prevent the Disability & UI Department's recovery of monies to which it is legally entitled.			
SIGNATURE		DATE	



**Request for Paid Family Leave (PFL) Benefits - *Please return this form to the Human Resources Department***

*DOCTOR'S CERTIFICATION MAY BE MADE BY A LICENSED MEDICAL OR OSTEOPATHIC PHYSICIAN AND SURGEON, CHIROPRACTOR, DENTIST, PODIATRIST, OPTOMETRIST, DESIGNATED PSYCHOLOGIST, OR AN AUTHORIZED MEDICAL OFFICE OF A UNITED STATES GOVERNMENT FACILITY.*

PART D DOCTOR'S CERTIFICATION (DO NOT COMPLETE THIS PART IF REASON FOR PFL LEASE IS BONDING WITH CHILD)		
CLAIMANT'S (CARE PROVIDER'S) SOCIAL SECURITY NUMBER:	CLAIMANT'S NAME (FIRST, MIDDLE INITIAL, LAST):	
PATIENT'S NAME (FIRST, MIDDLE INITIAL, LAST):		
PATIENT'S DATE OF BIRTH:	DOES YOUR PATIENT REQUIRE CARE BY THE CARE PROVIDER? (Yes/No)	
DIAGNOSIS OR, IF NOT YET DETERMINED, A DETAILED STATEMENT OF SYMPTOMS:		
PRIMARY ICD CODE:	SECONDARY ICD CODES:	DATE PATIENT'S CONDITION COMMENCED:
FIRST DATE CARE NEEDED:	DATE YOU ESTIMATE PATIENT WILL NO LONGER REQUIRE CARE BY THE CARE PROVIDER:	
APPROXIMATELY HOW MANY TOTAL HOURS:	Comments:	
WOULD DISCLOSURE OF THIS CERTIFICATE TO YOUR PATIENT BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL?		
DOCTOR'S LICENSE NUMBER:	STATE OR COUNTRY (IF NOT U.S.A.) IN WHICH DOCTOR IS LICENSED TO PRACTICE:	
DOCTOR'S NAME (FIRST, MIDDLE INITIAL, LAST):		
DOCTOR'S ADDRESS (POST OFFICE BOX IS NOT ACCEPTABLE AS THE SOLE ADDRESS):		
City:	State	Zip
TYPE OF DOCTOR:	SPECIALTY (IF ANY):	
Doctor's Certification and Signature (REQUIRED): I certify under penalty of perjury that, based on my examination, this Doctor's Certificate truly describes the patient's condition and needed for care and the estimated duration thereof.		
ORIGINAL SIGNATURE OF ATTENDING DOCTOR - RUBBER STAMP IS NOT ACCEPTABLE:		Date:

**ORIGINAL DOCUMENTS MUST BE SUBMITTED TO: West Valley Water District, Human Resources Department 855 W. Baseline Rd. Rialto, CA 92377**





**Request for Paid Family Leave (PFL) Benefits - *Please return this form to the Human Resources Department***

**PART E MILITARY ASSIST CERTIFICATION**

(DO NOT COMPLETE THIS PART IF REASON FOR PFL LEASE IS BONDING WITH CHILD)

CLAIMANT'S NAME (FIRST, MIDDLE INITIAL, LAST):

NAME OF THE MILITARY MEMBER ON COVERED ACTIVE-DUTY OR IMPENDING CALL TO COVERED ACTIVE-DUTY STATUS (FIRST, MIDDLE INITIAL, LAST):

MILITARY MEMBERS DATE OF BIRTH (MM/DD/YYYY)

MILITARY MEMBERS GENDER

MALE

FEMALE

PERIOD OF MILITARY MEMBERS COVERED ACTIVE DUTY

FROM (MM/DD/YYYY)

TO (MM/DD/YYYY)

DATE MEMBER WAS NOTIFIED OF COVERED ACTIVE DUTY (MM/DD/YYYY)

SELECT ONE OF THE FOLLOWING AND ATTACH THE INDICATED DOCUMENT TO SUPPORT THAT THE MILITARY MEMBER IS ON COVERED ACTIVE DUTY OR IMPENDING CALL OR ORDER TO COVERED ACTIVE DUTY STATUS

- COVERED ACTIVE DUTY ORDERS
- LETTER OF IMPENDING CALL OR ORDER TO COVERED DUTY
- DOCUMENTATION OF MILITARY LEAVE SIGNED BY THE APPROVING AUTHORITY FOR MILITARY MEMBER'S REST AND RECUPERATION

THE QUALIFYING EVENT FOR THE PFL CLAIM IS TO: (ONE OR MORE REASONS MAY BE SELECTED)

- PROVIDE/ARRANGE CHILDCARE FOR MILITARY MEMBER'S CHILD
- ATTEND COUNSELING
- ASSIST MILITARY MEMBER DURING REST AND RECUPERATION LEAVE
- REPRESENT MILITARY MEMBER AT FEDERAL, STATE, OR LOCAL AGENCIES
- PROVIDE/ARRANGE CARE FOR MILITARY MEMBER'S PARENT
- MAKE FINANCIAL/LEGAL ARRANGEMENTS
- ATTEND MILITARY EVENT
- ADDRESS ISSUES DUE TO MILITARY MEMBER'S DEATH
- OTHER \_\_\_\_\_

WRITTEN DOCUMENTATION SUPPORTING THIS REQUEST FOR LEAVE IS AVAILABLE AND ATTACHED?

- YES
- NO
- NONE AVAILABLE

NOTE: A COMPLETE AND SUFFICIENT CERTIFICATION TO SUPPORT A REQUEST FOR PFL LEAVE DUE TO A QUALIFYING EVENT INCLUDES ANY AVAILABLE WRITTEN DOCUMENTATION THAT SUPPORTS THE NEED FOR LEAVE. DOCUMENTATION MAY INCLUDE; A COPY OF A MEETING ANNOUNCEMENT FOR INFORMATIONAL BRIEFINGS SPONSORED BY THE MILITARY, A DOCUMENT CONFIRMING THE MILITARY MEMBER'S REST AND RECUPERATION LEAVE, AN APPOINTMENT WITH A THIRD PARTY (I.E., A COUNSELOR, SCHOOL OFFICIAL, OR STAFF AT A CARE FACILITY), OR A COPY OF A BILL FOR SERVICES FOR THE HANDLING OF LEGAL OR FINANCIAL AFFAIRS. IF LEAVE IS REQUESTED TO MEET WITH A THIRD PARTY, THE EMPLOYEE MUST PROVIDE THE SUPPORTING DOCUMENTATION OF THE MEETING THAT INCLUDES THE NAME, ADDRESS, AND APPROPRIATE CONTACT INFORMATION OF THE INDIVIDUAL OR ENTITY WITH WHOM YOU ARE MEETING (I.E., EITHER PHONE NUMBER, FAX NUMBER, OR EMAIL ADDRESS OF THE INDIVIDUAL OR ENTITY).

**DECLARATION AND SIGNATURE.** BY MY SIGNATURE ON THIS MILITARY ASSIST CERTIFICATION, I UNDERSTAND THAT WILLFULLY MAKING A FALSE STATEMENT OR CONCEALING A MATERIAL FACT IN ORDER TO OBTAIN PAYMENT OF BENEFITS IS A VIOLATION OF CALIFORNIA LAW PUNISHABLE BY IMPRISONMENT OR FINE OR BOTH. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT, INCLUDING ANY ACCOMPANYING STATEMENTS OR DOCUMENTS, IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT, AND COMPLETE. I AGREE THAT PHOTOCOPIES OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL, AND I UNDERSTAND THAT AUTHORIZATIONS CONTAINED IN THIS CLAIM STATEMENT ARE GRANTED FOR A PERIOD OF FIFTEEN YEARS FROM THE DATE OF MY SIGNATURE OR THE EFFECTIVE DATE OF THE CLAIM, WHICHEVER IS LATER.

SIGNATURE

DATE (MM/DD/YYYY)

