PIMA COUNTY
HUMAN RESOURCES

REQUEST FOR PAID SHORT TERM DISABILITY

Employee Name: _____ **EIN:** _____

Employee Email: _____ **Department Name:** _____

Requested Short Term Disability Leave Dates: **From**: _____ **To:** _____

I certify that I meet the following requirements for paid Short Term Disability:

1. I have been in a benefits eligible position for at least 90 days.
2. I have submitted for continuous Family Medical Leave Act (if eligible) and/or Medical Leave.
3. I am unable to perform the Essential Functions of my position for more than 14 continuous days.

I understand:

1. **I will be required to use accruals during this 14 day elimination period.**
2. **I must elect the use of accruals for day 15 and forward while my claim is pending approval as detailed below.**
   a. If I choose to use full sick accruals after day 14 while my claim is pending approval, I will continue to receive a pay check from Pima County for 100% of my regular pay. However, I will not receive payment from the insurance provider for any days in which I received full pay from the County.
   b. If I choose to use accruals of 33.33% after day 14 while my claim is pending approval, I will continue to receive a pay check from Pima County for only 33.33% of my regular pay until my claim is approved. However, I will receive payment retroactively back to Day 15 of my disability.
3. I must elect whether to use accruals for the time period after my claim is approved.
4. My benefit payment will be reduced by any monies received from other disability insurance policies such as AFLAC or PIC.

DAY 15 AND FORWARD (PENDING APPROVAL):

I elect to use accruals for: ☐ Full Pay ☐ Partial Pay (33.33%) ☐ None

AFTER APROVAL:

I elect to use accruals for 33.33%: ☐ Yes ☐ No

Employee Signature: _____ Date: _____

Submission: Once completed, submit this form, along with the Leave Administration Form, directly to Human Resources Leave Administration by faxing to 520-791-6514 or delivering to 150 W. Congress, 4th floor, Tucson, Arizona 85701.

Questions, please call HR Leave Administration 520-724-8076.

Leave Administration use only:

Documentation sent to Lincoln: Employee Statement: _____ Physicians Statement: _____ MC01_____

EFA: _____ Release Form: _____