

**SUBMITTAL TO THE FLOOD CONTROL AND
WATER CONSERVATION DISTRICT
BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 11.2
(ID # 12565)

MEETING DATE:

Tuesday, June 02, 2020

FROM: FLOOD CONTROL DISTRICT:

SUBJECT: FLOOD CONTROL DISTRICT: Adoption of Resolution No. F2020-18 Authorizing an Application for State Disability Insurance for Employees in Service Employees International Union (SEIU), Local 721 within Riverside County Flood Control and Water Conservation District and Ratify and Approve the Application for Elective Coverage of State Disability Insurance. All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt Resolution No. F2020-18, A Resolution of the Flood Control and Water Conservation District Authorizing an Application for State Disability Insurance for Employees represented by Service Employees International Union (SEIU), Local 721 as shown in Attachment A;
2. Ratify and approve the Application for Elective Coverage of State Disability Insurance;
3. Authorize the Chairperson to sign four (4) copies of the Resolution and Application and direct the Clerk of the Board to Retain one (1) copy of the signed document and return three (3) copies of the signed document to Human Resources for Distribution; and
4. Authorize the Human Resources Department to process and administer this matter.

ACTION: Policy

Handwritten signature of Jason Uhley in blue ink.

Jason Uhley, GENERAL MGR-CHF FLD CNTRL ENG

5/18/2020

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: June 2, 2020
xc: Flood, HR

Kecia R. Harper
Clerk of the Board

By: Deputy

**SUBMITTAL TO THE FLOOD CONTROL AND WATER CONSERVATION DISTRICT BOARD
OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

| FINANCIAL DATA | Current Fiscal Year: | Next Fiscal Year: | Total Cost: | Ongoing Cost |
|--|-----------------------------|--------------------------|---------------------------|---------------------|
| COST | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| NET COUNTY COST | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| SOURCE OF FUNDS: Department Budgets | | | Budget Adjustment: | No |
| | | | For Fiscal Year: | 19/20 |

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

On January 28, 2020 (Item No. 3.54), the Board approved the Tentative Agreement between the County of Riverside and Service Employees International Union (SEIU), Local 721. The Tentative Agreement provides that as soon as administratively possible following the adoption of the Memorandum of Understanding by the Board of Supervisors, the County shall submit an application to the State of California for elective coverage under the California State Disability Insurance (SDI) plan for all SEIU bargaining unit employees with the Riverside County Flood Control and Water Conservation District. Once approved and implemented by the State, the County will begin withholding employee contributions for SDI from employees' paychecks.

Impact on Residents and Businesses

There is no direct impact to residents or private businesses in the County of Riverside.

Additional Fiscal Information

There is no additional cost to the District or the County resulting from the approval of this resolution.

Contract History and Price Reasonableness

The District shall continue to provide and pay for the existing County Short-term Disability (STD) and Long-term Disability (LTD) plans until bargaining unit employees are eligible to receive California State Disability Insurance (SDI) benefits. Upon SDI eligibility commencing, the County will discontinue Class 2 LTD benefits for members of the Supervisory unit and Class 2 STD benefits for all other SEIU units thereafter. The County shall not be required to provide the Class 2 STD benefits for SEIU represented employees hired after the effective date of implementation of the California State Disability Insurance (SDI) plan.

ATTACHMENT:

- A.** Resolution No. F2020-18 – A Resolution of the Riverside County Flood Control and Conservation District Authorizing an Application for State Disability Insurance for Employees in Service Employees International Union (SEIU), Local 721

**SUBMITTAL TO THE FLOOD CONTROL AND WATER CONSERVATION DISTRICT BOARD
OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

B. Application for Elective Coverage of State Disability Insurance



Jason Farin, Senior Management Analyst

5/26/2020



Gregory H. Priamos, Director County Counsel

5/19/2020

1 Board of Supervisors

Riverside County Flood Control and

2 Water Conservation District

3
4
5 RESOLUTION NO. F2020-18

6
7 A RESOLUTION OF THE RIVERSIDE COUNTY FLOOD CONTROL
8 AND WATER CONSERVATION DISTRICT AUTHORIZING AN APPLICATION
9 FOR STATE DISABILITY INSURANCE FOR EMPLOYEES REPRESENTED BY
10 SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU), LOCAL 721

11
12 **WHEREAS**, the County of Riverside has met and conferred with the Service Employees
13 International Union (SEIU), Local 721; and

14 **WHEREAS**, On January 28, 2020 (Item No. 3.54). the Board of Supervisors approved the
15 negotiated Tentative Agreement between the County of Riverside and Service Employees International
16 Union (SEIU), Local 721; and

17 **WHEREAS**, the Tentative Agreement provides that as soon as administratively possible
18 following the adoption of the Memorandum of Understanding by the Board of Supervisors, the County shall
19 submit an application to the State of California for elective coverage under the California State Disability
20 Insurance (SDI) for all employees covered by the SEIU bargaining unit within the Flood Control and Water
21 Conservation District; and

22 **WHEREAS**, State Disability Insurance is a benefit to employees to receive financial
23 assistance when unable to perform duties after suffering a non-work related illness or injury;

24 **WHEREAS**, the Flood Control and Water Conservation District desires to become an
25 employer subject to the Unemployment Insurance Code for Disability Insurance purposes;

26 **WHEREAS**, the Flood Control and Water Conservation District will remain a subject
27 employer for at least two complete calendar years and thereafter, until the election is terminated as provided
28 by the Unemployment Insurance Code;

FORM APPROVED COUNTY COUNSEL
BY: *Synthia M. Gunzel* 5/19/2020
DATE
SYNTHIA M. GUNZEL

1 **WHEREAS**, the Flood Control and Water Conservation District has agreed to apply for and
2 enroll all members of the SEIU Bargaining Unit in State Disability Insurance; and

3 **NOW, THEREFORE, BE IT RESOLVED, DETERMINED AND ORDERED THAT**
4 the Board of Supervisors of the Riverside County Flood Control and Water Conservation District hereby
5 certifies and approves an application for Elective Coverage of Disability Insurance under Section 710.5 of
6 the California Unemployment Insurance Code be filed with the Employment Development Department of
7 the State of California.

8 **BE IT FURTHER RESOLVED, DETERMINED AND ORDERED** by the Board of
9 Supervisors ("Board") of the Riverside County Flood Control and Water Conservation District, assembled
10 in regular session on June 2, 2020, at or after 9:30 a.m. or soon thereafter, in the meeting room of the Board
11 of Supervisors located on the 1st floor of the County of Administrative Center, 4080 Lemon Street,
12 Riverside, California, as follows:

- 13 1. The Board hereby finds and declares that the above recitals are true and correct.
- 14 2. The Board hereby designates Karen Spiegel, Chair of the Riverside County Flood Control and Water
15 Conservation District to sign for and execute documents pertaining to Resolution No. F2020-18.

16
17 **THIS RESOLUTION NO. F2020-18 WAS ADOPTED** by the Board of Supervisors of the Riverside
18 County Flood Control and Water Conservation District at a regular meeting thereof on June 2, 2020, by the
19 following vote:

20 AYES: Jeffries, Spiegel, Washington, Perez and Hewitt

21 NAYS:

22 ABSENT:

23 Signed:

24 Name:

25 Title:

26 Date:

Karen S. Spiegel

Karen Spiegel

Chair, Riverside County Flood Control and
Water Conservation District

JUN 02 2020

27 ATTEST:

28 Kecia Harper

Clerk of the Board

By: *[Signature]*

Deputy



| | |
|-------------------------|--------------|
| For Department Use Only | |
| Account No. | _____ |
| Statistical Code | _____ |
| Effective Date | _____ |
| Approved By | _____ |
| Date | _____ |
| Employer Notified | _____ (Date) |
| Send | _____ |
| Number of Employees | _____ |

Application for Elective Coverage of State Disability Insurance* ONLY

IMPORTANT

This form is not an application for an account number under the compulsory provisions of the California Unemployment Insurance Code (CUIC). Do not complete this form unless you wish to apply for State Disability Insurance coverage **ONLY** for your employees under Section 702.6, 710.4, 710.5, 710.6, or 710.9 of the CUIC. Coverage under these sections of the CUIC does not make provision for Unemployment Insurance benefits.

Complete this form only for:

- Employing units with eligible employees who are California residents whose services are covered by the unemployment compensation laws of another state that does not have a disability insurance program under Section 702.6 of the CUIC.**
OR
- Employees of any of the following:**
 - A public school employer under Section 710.4 of the CUIC.
 - A public agency employer under Section 710.5 of the CUIC.
 - An Indian tribe under Section 710.6 of the CUIC.
 - A community college district under Section 710.9 of the CUIC.

NOTE: If your application is approved, the elective coverage agreement will be subject to all of the requirements and conditions outlined in the *Information Concerning Elective Coverage for State Disability Insurance ONLY Under Section 702.6, 710.4, 710.5, 710.6, or 710.9 of the California Unemployment Insurance Code (DE 1378P)* form. Please retain your copy of the DE 1378P for reference.

Please Type or Print

- Name of Employer Riverside County Flood Control & Water Conservation Dist 951-955-8290
(Phone)
- Business Address 4080 Lemon Street Riverside Riverside CA 92501
(Number and Street) (City) (County) (State) (ZIP Code)
- Mailing Address P.O. Box 1569 Riverisde Riverside Ca 92502-1569
(Number and Street) (City) (County) (State) (ZIP Code)
- Type of Employer – (Check one)

| | |
|---|---|
| <input type="checkbox"/> Employing Unit With Eligible Employees – Section 702.6 | |
| <input type="checkbox"/> Public School – Section 710.4 | <input type="checkbox"/> Indian Tribe – Section 710.6 |
| <input checked="" type="checkbox"/> Public Agency – Section 710.5 | <input type="checkbox"/> Community College District – Section 710.9 |
- Law under which agency/employer was established. (Does not apply to Indian Tribes.)
 - California General Laws
Title of Act _____ Number _____ Year Enacted _____
OR
 - California Codes
Title of Code _____ Number _____ Part _____ Chapter _____
Sections _____ to _____
- Members of governing body of the employer.

| Name | Title | Residence Address |
|--------------------------|-------|-------------------|
| <u>See separate list</u> | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*Includes Paid Family Leave (PFL).

7. This application covers employees of the following appropriate units:

- Bargaining Unit
- Management
- Confidential
- Unrepresented
- Academic
- Other

Show Name of Bargaining Unit or Describe Type of Services

Service Employees International Local 721

8. Complete this schedule covering all elected officers and appointees who perform services for the agency named in Item 1. Exclude individuals listed in Item 6.

(a) Elected offices: (These individuals are ineligible for coverage.)

Title of Position

Elected officials are not included in the bargaining Unit named in Item 7.

(b) Person holding appointive positions: (These individuals are eligible for coverage unless appointed to fill a vacant elected office.)

| <u>Title of Position</u> | <u>No. of Positions in this Category</u> | <u>By Whom Appointed</u> | <u>No. of Such Individuals Desiring Coverage</u> |
|--------------------------|--|--------------------------|--|
|--------------------------|--|--------------------------|--|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

(c) Total number of employees to be covered (excluding elected officers and those appointed by the Governor).

89

9. Deductions should not be made from your employees' wages for the purpose of paying employee contributions required under the CUIC until your election is approved.

10. On what date do you wish elective coverage to commence? Keep in mind that the commencement date of an elective coverage agreement shall not be prior to the first day of the calendar quarter in which the application is filed, nor later than the first day of the following calendar quarter.

- First day of current quarter
- First day of next quarter

11. Attach a copy of either:

- The negotiated agreement between the employer and the recognized employee organization or written petition signed by a majority of the eligible employees to be covered by the election under Section 702.6 of the CUIC.
- OR
- The resolution in which the governing body described in Item 6 approved the filing of an application for elective coverage under Section 710.4, 710.5, 710.6, or 710.9 of the CUIC.

The employing unit with eligible employees or governmental or tribal entity described in Item 1 hereby files its application under Section 702.6, 710.4, 710.5, 710.6, or 710.9 of the CUIC to become an employer subject to the CUIC. It is understood that upon approval of the election by the Director, the Employing Unit/Public School/Public Agency/Indian Tribe/Community College District will be an employer subject to the CUIC for State Disability Insurance purposes **ONLY** to the same extent as other employers as of the date specified in the approval, and will remain a subject employer for at least two complete calendar years and thereafter, until this election is terminated as provided by the CUIC.

I declare that this application has been examined by me, and to the best of my knowledge, it is true and correct and made in good faith under the provisions of the CUIC.

This declaration must be signed by one or more individuals shown under Item 6.

(Signed) Karen S. Spiegel Date JUN 02 2020

(Signed) _____ Date _____

(Signed) _____ Date _____

ATTEST:

KECIA R. HARPER, Clerk

Michelle Kase

DEPUTY