SIDE LETTER AGREEMENT FOR CONFORMANCE
WITH CALIFORNIA GOVERNEMENT CODE 12945.7 – Bereavement Leave

This side letter agreement reflects the intent of the parties, County of Santa Cruz and Physician's Representation Unit, to incorporate the requirements of California Government Code 12945.7 in the current memorandum of understanding (MOU) related to the use of bereavement leave. Items for incorporation are the following:

Article 14.4.E shall be modified as follows:

~~Bereavement Leave. An employee shall be granted bereavement leave with pay by his/her appointing authority in the case of the death of the following family members:~~

~~the parents of the employee,~~
~~the employee's spouse/domestic partner,~~
~~the parents of the employee's spouse/domestic partner,~~
~~the step-parents of the employee and/or employee's spouse/domestic partner,~~
~~the grandparents of the employee,~~
~~and the brother and/or sister of the spouse/domestic partner of the employee.~~

~~Also included are the sister and brother of the employee, children, grandchildren, stepchildren and adopted children of the employee and or spouse/domestic partner. Family members listed above pertaining to the employee's domestic partner are recognized by the County after submission of an Affidavit of Domestic Partnership.~~

~~Such leave shall be limited to three (3) days per occurrence within California or five (5) days per occurrence for death occurring outside of California.~~

In accordance with California Government Code 12945.7, employees who have been employed by the County for at least 30 days shall be granted bereavement leave with pay by their appointing authority in the case of the death of the following family members:

the employee's spouse/domestic partner,
the children, grandchildren, stepchildren, foster children, and adopted children of the employee and/or of the employee's spouse/domestic partner,
the parents of the employee and/or of the employee's spouse/domestic partner,
the step-parents of the employee and/or of the employee's spouse/domestic partnter,
the grandparents of the employee,
and the siblings of the employee and/or of the employee's spouse/domestic partner.

Family members listed above pertaining to the employee's domestic partner are recognized by the County after submission of an Affidavit of Domestic Partnership.

Employees are eligible for five (5) days off for bereavement leave of which three (3) days shall be paid and two (2) days shall be unpaid, except that when the employee must travel outside of California as the result of a death occurring outside of California, all five (5) days shall be paid. Employees may use available annual leave or other accruals on any unpaid days of bereavement leave. One "day" of bereavement leave as used in this Article shall be equivalent to eight hours for full-time employees, and shall be pro-rated for part-time employees.

Pursuant to California Government Code 12945.7, the County has the right to request documentation of the death within thirty (30) days of the first day of the bereavement leave. The days of bereavement leave do not have to be consecutive, but the bereavement leave must be completed within three (3) months of the date of the death of the family member.

County of Santa Cruz

8/27/25
Date

Union of American Physicians and Dentists

May 22, 2025
Date