

EMERGENCY AUTHORITY ONLY
REQUEST TO TEMPORARILY SUSPEND LEAVE ACCRUAL RATE LIMIT
DURING A PROCLAIMED LOCAL EMERGENCY/DISASTER



In accordance with Section A.30.15 Vacation/Annual Leave Accrual Rate Limit Suspension During Declared Local/Emergency/Disaster of the Monterey County Personnel Policies and Procedures Resolution (PPPR), the County Administrative Officer or authorized designee may approve the temporary suspension of accrual rate limits for employees who are required to work during a local emergency/disaster.

An employee who has reached their corresponding accrual rate limit, as defined in the applicable Memorandum of Understanding (MOU) or PPPR provisions, may request the temporary suspension of such accrual rate limit during a declared local emergency/disaster by completing this form and submitting it to their supervisor/manager for processing and review and approval by the Department Head.

At the termination of the declared local emergency, the Auditor-Controller’s Office will perform an audit of approved employee’s accruals to capture lost bi-weekly accruals and provide employees with reconciled leave balances. The Director of Human Resources or designee will notify departments of a six (6) month grace period in which employees must use or lose the accruals over the accrual rate limit. Employees may also be approved for a one-time cash out, within sixty (60) days of the conclusion of the declared local emergency, not to exceed forty (40) hours below the corresponding accrual rate limit. Eligible employees must be afforded the opportunity and encouraged to take time off at the earliest possible opportunity, even pending the local emergency.

SECTION A: TO BE COMPLETED BY EMPLOYEE:

EMPLOYEE INFORMATION:

Employee Name:	Employee ID:
Department:	Division/Unit:
Job Classification:	Employee Unit: Choose an item.
Employment Status:	If not active, start date of employment status:

EMPLOYEE ACCRUAL INFORMATION:

Employee Leave Accrual Type:	Employee Leave Accrual Balance:
Last Accrual Pay Period End Date:	Accrual Maximum:

I acknowledge that at the conclusion of the declared local emergency/disaster, the Director of Human Resources or designee will notify departments of a six (6) month grace period in which I must use or lose the accruals over the accrual rate limit or approve a one-time cash out, within sixty (60) days of the termination of the declared local emergency/disaster, not to exceed forty (40) hours below the corresponding accrual rate limit.

Employee Name/Signature

Date

SECTION B: TO BE COMPLETED BY SUPERVISOR/MANAGER:

JUSTIFICATION FOR GRANTING/DENYING WAVIER REQUEST:

DEPARTMENT PLAN TO PROVIDE EMPLOYEE OPPORTUNITY FOR TIME OFF:

SUPERVISOR/MANAGER REVIEW

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approve the wavier as requested by employee.
<input type="checkbox"/>	I have reviewed and do not approve the wavier as requested by employee.

Supervisor Signature	Date
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SECTION C: TO BE COMPLETED BY DEPARTMENT HEAD/DESIGNEE

DEPARTMENT HEAD/DESIGNEE REVIEW AND APPROVAL/DENIAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approve the wavier as requested and will work with employee to either grant time off or process a one-time cash out of hours not to exceed 40 hours below the corresponding accrual cap/maximum upon the termination of the proclaimed local emergency/disaster.
<input type="checkbox"/>	I have reviewed and do not approve the wavier as requested by employee.

Department Head/Designee Signature	Date
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SECTION D: TO BE COMPLETED BY DIRECTOR OF HUMAN RESOURCES/DESIGNEE

DIRECTOR OF HUMAN RESOURCES/DESIGNEE REVIEW AND APPROVAL/DENIAL

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approve the wavier as requested by employee.
<input type="checkbox"/>	I have reviewed and do not approve the wavier as requested by employee.

Director of Human Resources/Designee Signature	Date
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Distribution: Original-Employee Personnel File Copy-Supervisor/Manager Copy- Employee Copy- Auditor's Office (if approved)