



**EMERGENCY AUTHORITY ONLY**

**COVID-19 EMERGENCY VACATION/ ANNUAL LEAVE/ PAID TIME OFF  
CASH OUT REQUEST FORM**

In accordance with Section 4 Recession of Approved Leave/Time Off and Emergency Vacation/ Annual Leave/ Paid Time Off Cash Out of the Human Resources Emergency Response Manual, the County Administrative Officer or authorized designee may approve an Emergency Vacation/Annual Leave/Paid Time Off Cash Out process for calendar year 2021 for employees who meet the following requirements:

1. Employee has been assigned to perform duties directly associated to the County’s COVID-19 response efforts for at least 6 months;
2. Due to critical departmental and operational needs directly related to COVID-19, the employee was not afforded the opportunity to utilize available accrued leaves in calendar year 2020;
3. A maximum of one hundred (100) hours of Vacation/Annual Leave/Paid Time Off may be cashed out once in calendar year 2021;
4. Employees must have a remaining minimum Vacation/Annual Leave/Paid Time Off balance of forty (40) hours after the emergency buy back;
5. Employee did not qualify for normal cash out conditions; and
6. Employee submits an irrevocable election of the number of hours to be cashed out in calendar year 2021 by way of submitting this completed form to the Director of Human Resources by December 31, 2020.
7. For employees who have elected to cash-out leave accruals and who have not requested actual payment(s) of the entire designated “cash out amount” by December 1, 2021, the County will automatically pay out the elected amount of leave accruals by the last paycheck of calendar year 2021.

**SECTION A: TO BE COMPLETED BY EMPLOYEE:**

**EMPLOYEE INFORMATION:**

Employee Name:	Employee ID:
Department:	Division/Unit:
Job Classification:	Employee Unit:

**EMPLOYEE ACCRUAL INFORMATION:**

Employee Leave Accrual Type:	Employee Leave Accrual Balance:
Number of Leave Accrual Hours to be Cashed Out (100 hours maximum):	Remaining Leave Accrual Balance After Cash Out:

I certify that I meet all of the eligibility requirements listed above. I also acknowledge that the completion of this form represents an irrevocable election, if approved, and once approved I am required to cash out the number of hours I have requested above. I further acknowledge that I will be allowed a one-time cash out in calendar year 2021 and that this completed and approved form

must be submitted **via email to the Director of Human Resources, at [boughir@co.monterey.ca.us](mailto:boughir@co.monterey.ca.us) by December 31, 2020** to be eligible for cash out in calendar year 2021.

Employee Name/Signature	Date
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**SECTION B: TO BE COMPLETED BY SUPERVISOR/MANAGER:**

**SUPERVISOR/MANAGER REVIEW**

Name:	
Title:	
<input type="checkbox"/>	I have reviewed the employee’s cash out request and acknowledge that due to critical departmental and operational needs directly related to COVID-19, the employee was not afforded the opportunity to utilize available accrued leaves in calendar year 2020.
<input type="checkbox"/>	I have reviewed the employee’s cash out request and deny that the employee was not afforded the opportunity to utilize available accrued leaves in calendar year 2020 do not recommend 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**

Please submit this completed and approved form **via email to the Director of Human Resources, at [boughir@co.monterey.ca.us](mailto:boughir@co.monterey.ca.us) by December 31, 2020.**

Name:	
Title:	
<input type="checkbox"/>	I have reviewed and approved the employee’s cash out request.
<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.

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Director of Human Resources/Designee Signature

Date

Distribution: Original-Employee Personnel File

Copy- Employee

Copy- Auditor's Office (if approved)