Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.



## LEAVE EXTENSION REQUEST VACATION / PTO / HOLIDAY

_Must print in Black or Blue ink ONLY					
Employee ID	Rcd No.	Last Name, First Name			
Company	Union Code	Department			
company	•				

## EXTEND LEAVE TIME

Extend the following leave time for 13 pay periods:

Leave Type			Pay Period Maxed	Hours to be Restored
Vacation	Holiday*	PTO		

\*Safety Management and Supervisory unit only

I certify that the above request is due to a work urgency

Appointing Authority or Designee Signature Date Date

Payroll Specialist Name (Print & Sign)	Telephone		

## TO BE COMPLETED BY EMACS-HR ONLY

Extension Effective Dates					
From:		To:			

Pay Period	Hours Worked	x Accrual Rate =		- Hours Accrued		= Hours to be Restored	
Total Hours To Be Restored =		AV	AVC or APT		AHL		
DISTRIBUTION: Original - EMACS-HR (0030)		0) Additional Pay Keyed By (Employee ID)	Da	te E	Extension Keyed By (Employee ID)		Date

Rev. 05/22/2024

This document/form incorporates use of e-signatures in accordance with the San Bernardino County (Leave Extension Request-Vacation-Holiday) Policy #03-12 and Standard Practice 1.