



San Bernardino County LEAVE ABSENCE REQUEST

The Leave Request is used by employees to request and record use of leave time.

REFERENCES

Current County Memoranda of Understanding (MOU); Exempt Compensation Plan

FORMS REQUIRED

Leave Request 

MANDATORY FIELDS

All

GENERAL INFORMATION

To request or record use of leave time an employee must choose the type of leave to be used by completing the appropriate line. For leave types not listed use the Other (blank) line.

If Sick or Sick Family leave used is over three (3) days, a Leave Request for Extended Sick and Special Leave must be completed.

Bereavement - *Refer to appropriate MOU for eligibility*

PAYROLL SPECIALIST RESPONSIBILITIES

- ◆ Audit for completeness
- ◆ Verify type of leave and hours match the type of leave and hours match the type of leave and hours submitted for the requested pay period
- ◆ Verify supervisor has approved and signed
- ◆ Retain original for department file

Refer to department guidelines for individual procedures

DEADLINES

Refer to Master Calendar for EMACS Processing

RELATED FORMS/PROCEDURES

Leave Request for Sick or Special Leave
Time and Labor