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

WIC Nutrition Assistant Certification Allowance

(Payroll Adjustment)

EMACS			(i ayic	ni Aujustii	ient)				
☐ Job Share /		☐ Pa	artial Year Eligibl	e - Stipend p	orated	☐ Full Year	· Eligible	/ Full-Time \$500)
Employee ID	Rcd No.	Last Name, First Name							
Department				Approve	d Payment Amount Effecti			tive Pay Period	
This payment is requested pursuant to Health Services Assistant WIC Nutrition Assistant Certification Allowance Section of the Memorandum of Understanding (MOU) between General MOU members of the SBPEA Teamsters Local 1932 and County of San Bernardino. PG 38-39									
The County shall establish a \$500 annual Health Services Assistant WIC Nutrition Assistant Certification Allowance for employees in the classification of Health Services Assistant I regularly assigned to the Public Health WIC program who are required to possess and maintain a WIC Nutrition Assistant certification.									
The Annual WIC Nutrition Assistant Certification allowance shall be paid in a lump sum to eligible Health Services Assistants assigned to the Public Health WIC Program in regular positions who possess and maintain a WIC Nutrition Assistant Certification and are in paid status in the pay period that includes July 1 of each year.									
 An eligible employee in a regular position who is part-time or job-sharing shall be eligible for a prorated lump-sum payment based on regularly scheduled hours. An employee who is WIC Nutrition Assistant certified after July 1, or who is appointed after July 1, shall receive a prorated WIC Nutrition Assistant Certification allowance payment at the time of licensure or appointment, as applicable. Such proration shall be based upon the remaining number of pay periods in the fiscal year nearest their appointment. Eligible employees who are not in paid status (i.e., not coding paid hours) in the pay period that includes July 1 shall receive a prorated WIC Nutrition Assistant Certification allowance payment upon return to paid status. Such proration shall be based upon the remaining number of pay periods in the fiscal year nearest their return to paid status. An employee who is not in paid status during the entire fiscal year (i.e., not in paid status from pay period 15 of one year through pay period 14 of the following year) shall not receive the annual WIC Nutritional Assistant Certification for the fiscal year(s) during which he/she was not in paid status. Any employee separating from County employment at the conclusion of a leave of absence shall not receive the WIC Nutrition Assistant Certification allowance. Complete this prorate section only if the employee is not a Full Year Eligible / Full-Time Employee									
Beginning En	Annual # of PP in a Pay Period			PP remaining	Share Job Share				
to	ate /	Allowance /	=	X	III ISCAI TEAI	Allowance	*	orate Allowance	
I certify that I have verified the employee's eligibility for the Health Services Assistant WIC Nutrition Assistant Certification Allowance per the MOU. Payroll Specialist Name (Print & Sign) Telephone Date									
Appointing Authority or Designee (Print & Sign)						Telephone			
Office Use Only									
PP Begin Date	PP En	d Date	M53	Verified	l By/Date	Keyed By	/Date	Reviewed By/Da	ate

DISTRIBUTION: Original - Central Payroll (0032)