

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



PRIOR SERVICE CREDIT REQUEST - VACATION/PAID TIME OFF ALLOWANCE

Please Select One:

New Employee Only

- Attorney
- Exempt
- Management
- Nurses
- Professional
- Supervisory
- Supervisory Nurses
- Fire Management
- County Fire/Special Districts Exempt
- County Fire/Special Districts Non-Represented (Supervisory Only)

Must print in Black or Blue ink ONLY

Refer to the appropriate MOU, compensation plan or Ordinance for eligibility and timeframe for submitting this request.

List prior full time or equivalent work experience that you would like taken into consideration for prior service credit.

Employee ID	Rcd No.	Employee Last Name, First Name	Date of Hire	
Department		Job Code Title		
Agency/Firm Name		Position Title		Previous Experience
				Years Months
Total years and/or months of previous experience credit requested:				

Annual vacation allowance hours approved through prior service credit request are available for use once an employee has completed the required service hours for use as outlined in the applicable MOU, compensation plan or Ordinance. Paid time off allowance hours shall be available for use on the first day following the pay period in which it is earned.

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that the determination as to the comparability of experience and the amount of credit to be granted rests solely with the Director of Human Resources.

Employee Signature		Date
Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Appointing Authority or Designee Signature (Print & Sign)	Date

Office Use Only

Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Human Resources Business Partner Review/Signature (Print & Sign)	Date
Comments:		
If conditional job offer letter included a higher annual vacation or paid time off accrual, please attach offer letter.		<input type="checkbox"/> Offer Letter Attached

Recommend <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Employee Relations - Human Resources Review/Signature (Print & Sign)			Date
Annual Vacation Allowance		New Vacation Service Hours	Paid Time Off Allowance	New Paid Time Off Service Hours
<input type="checkbox"/> 80 <input type="checkbox"/> 120 <input type="checkbox"/> 160				

FINAL REVIEW & APPROVAL

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Director of Human Resources Signature	Date
Chief Executive Officer Signature (required if Director of HR is appointing authority)		Date

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

DISTRIBUTION: Original - EMACS-HR (0030)
REV. HR 2/27/2024

SHV=	PP Keyed	Keyed By (Employee ID)	Date
-------------	-----------------	----------------------------------	-------------

(Prior Service Credit Request-Vacation/Paid Time Off Allowance)