



**County of Lake**

**Human Resources**

**Memorandum**

Date: November 12, 2020

To: Carol J. Huchingson  
CAO

From: Brittani Walker  
HR Analyst II

Re: Board of Supervisors –Leave of Absence Request

Shirah Ruiz has requested a leave of absence that extends beyond Department Leave and County Administrative Officer approved leave. At this time the Department of Social Services is requesting the Board of Supervisors approve additional leave from 11/12/2020 through 1/4/2021. The Department of Social Services requests that the Board authorize the Board of Supervisors Chair to sign the request.

Please add the request as an item to a Board agenda.

Thank you,

Brittani Walker

# LEAVE OF ABSENCE REQUEST FORM

Employee Name: Shirah Ruiz Employee No. \_\_\_\_\_ SS#: \_\_\_\_\_ Department D55

## TYPE OF LEAVE REQUESTED:

BOS Leave

- ☐ Family Medical Leave - PERS Form 5B must be completed and attached hereto.  
☐ Medical - i.e. long term-illness or disability.  
☒ Personal - i.e. acceptable personal reason: School closures due to Covid 19. Three minors at home with Distance Learning.  
☐ Education or Training i.e. a course of study or training which is related to employee's job.  
☐ Military - Active (summer camp) Inactive (weekend training)

30 days advance notice required for non-emergency leaves

## PERIOD OF LEAVE REQUESTED: (Enter appropriate dates)

From 11-12-2020 To 1-4-2021

Note: Requests for Medical Leaves (including pregnancy leaves) or extensions of such leaves should be accompanied by a physician's statement indicating medical condition, disability and inability to perform regular duties, and estimated duration. Military orders must accompany requests for Military Leave.

Employee's Signature [Signature]

Date 11-5-2020

## APPROVALS

Department Head:

[Signature]

Date:

11/12/2020

Board of Supervisor  
County Administrator:  
 (if leave is for more than 60 days)

Date:

(Approved/Disapproved)

APPROVED

## TO EMPLOYEE:

Your Leave Request has been (approved/disapproved). Your Leave of Absence will commence on \_\_\_\_\_ and you will be required to return to work on \_\_\_\_\_.

Reason for disapproval \_\_\_\_\_

Personnel Director: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Failure of an employee to return to his/her County employment upon termination of an authorized leave of absence shall be grounds for dismissal from County service.

Whenever an employee desires to return before expiration of leave, he/she shall notify his/her department head as soon as possible in advance of his/her return.

If on a Medical Leave of Absence, you may be required to submit a statement from your physician indicating that you are physically able to return to work.

The granting of any leave of absence without pay exceeding 15 calendar days shall cause the employee's salary anniversary date to be correspondingly postponed. Any employee whose salary anniversary date is postponed shall assume a new anniversary date accordingly.

Leave of Absences without pay - Any leave without pay for more than half of an employees normally scheduled hours per pay period (i.e. 80 hr. bw employee (40), 40 hr. bw employee (20) will result in the employee being responsible for the entire premium (medical, life, etc.) on any insurance's currently enrolled. Failure to pay and make arrangements will result in the termination of those benefits. Any other such deductions that may have been deducted from the employees paycheck are the responsibility of the employee. Please contact the Auditor-Controller's office.

Distribution: Personnel Department (Original)  
 Auditor-Controller  
 Department File  
 Employee

PERS FORM 5a