



## Legislation Details (With Text)

**File #:** 19-345      **Version:** 1      **Name:**  
**Type:** Action Item      **Status:** Agenda Ready  
**File created:** 4/8/2019      **In control:** BOARD OF SUPERVISORS  
**On agenda:** 4/23/2019      **Final action:**  
**Title:**  
**Sponsors:** Sheriff  
**Indexes:**  
**Code sections:**  
**Attachments:**

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------



## WAIVER OF 25 HOUR / WEEK LIMIT - EXTRA HELP EMPLOYEE

Employee Name:      Department:      Position:

### Type of Exception Requested:

Seasonal Employee: An extra help employee who works a seasonal job (tied to an actual season, not just part-year) for a portion of the year and who will not perform any work for the County for **at least 26 consecutive weeks between seasons**\*.

- Employees must be terminated for the 26 weeks that they are not performing any work.

\*definition is subject to future change as terminology is further defined by the ACA

Short Term Employee: Employee may work any number of hours per day but employment terminates on or before the 59<sup>th</sup> calendar day.

Variable Hour Employee: An employee who works various hours per week, or non-consecutive weeks, whose average hours per week (including 0 hours) in the measurement period\* will not exceed 29 hours.

\*for new employees, the measurement period is their first 10 pay periods, even if no wages are paid.

### Reason Why Exception is Needed:

Department is in the process of recruiting for a permanent position (please give details below).

Permanent employee is on an extended leave of absence (please give details below).

Other (please give details below).

### Other Information:

Period of time/dates requesting a waiver of the 25 hour limit:

At the end of the approved period the employee will be terminated. Tentative Date of Termination:

Currently recruiting/interviewing - Depending on the results of the recruitment the employee will either be hired permanently or terminated. Tentative date process will be completed:

Department Head Signature \_\_\_\_\_ Date

**ATTACH A PROPOSED WORK SCHEDULE FOR THE EXTRA HELP EMPLOYEE. Incomplete forms and/or forms without a work schedule attached will be automatically returned to the Department Head. Submit the completed form and attached work schedule to the Human Resources Director.**

\*\*\*\*\*

**HUMAN RESOURCES / ADMINISTRATIVE OFFICE USE ONLY**

Form is incomplete or attached work schedule is missing. - Returned to Department Head.

Exception approved as requested through \_\_\_\_\_ DATE.

Exception approved per Administrative comments/conditions through \_\_\_\_\_ DATE

Exception disapproved

Administrative Comments/Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County Administrative Officer

Human Resources Director

Distribution If Approved

Original to HR

Copy to Payroll

Copy to Department

Distribution If Disapproved

Original to Department

Copy to HR

Rev 06/ 2014