



**Health Services**  
LOS ANGELES COUNTY

June 30, 2011

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Chief Deputy Director

DHS Human Resources  
5555 Ferguson Drive  
Commerce, CA 90022

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Fax: (323) 869-0374

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

**TO:** Each Employee  
*Ann Marinovich*  
**FROM:** Ann Marinovich  
Human Resources Division  
**SUBJECT: CASH REIMBURSEMENT FOR UNUSED SICK LEAVE  
JANUARY 1, 2011 THROUGH JUNE 30, 2011**

County Code Section 6.20.030 (F) provides that full-time permanent employees may be paid for up to three days (24 hours) of unused full-pay sick leave, in lieu of carrying over such sick leave, under the following conditions:

- Employee used no sick leave for any reason, including personal leave, from January 1, 2011, through June 30, 2011.
- Employee has by June 30, 2011, completed at least 12 consecutive months of continuous County service.

Employees who meet the above criteria and elect to receive cash reimbursement must complete and sign the attached form, and return it to the Payroll Office, Human Resources Division, 5555 Ferguson Drive, 2<sup>nd</sup> Floor, Room 200-01, Commerce, CA 90022, **no later than July 31, 2011.**

Timecard adjustments will **not** be accepted for purposes of qualifying an employee for this reimbursement. Megaflex participants are not eligible for cash reimbursement of unused sick leave.

Election forms received and date stamped by the Payroll Office after July 31, 2011, will be returned to the employee without action. If you have any questions, please contact your respective Payroll Supervisor as listed below.

**DHS PAYROLL SUPERVISORS**

NAME	DEPARTMENTS	PHONE NUMBERS
Shawn Greene	160, 161, 200, 201, 290	(323) 890-8409
Siu Lee	160, 161, 200, 201, 290	(323) 890-8407
Nora Martinez	240, 241	(323) 869-8256
Sonia Recinos	110, 120, 225, 226, 260	(323) 890-7884

AM:KLW:mcv

Attachment

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)



*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

**CERTIFICATION FOR CASH REIMBURSEMENT  
FOR UNUSED SICK LEAVE  
JANUARY 1, 2011 THROUGH JUNE 30, 2011**

Pursuant to the provisions of Section 6.20.030 (F) of the County Code.

I, \_\_\_\_\_, Employee No.: \_\_\_\_\_,

Department # \_\_\_\_\_, hereby select to receive cash reimbursement for:

***Please check one:***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 hours of sick leave (full-time employees)	16 hours of sick leave (full-time employees)	24 hours of sick leave (full-time employees)

I understand that the provisions of Section 6.20.030 (F) require that I must have completed at least 12 consecutive months of continuous service by the last day of the period for which sick leave reimbursement is being requested in order to receive said reimbursement. I must not have used any sick or sick/personal leave during the period commencing January 1, 2011 through June 30, 2011. ***I am not a MegaFlex participant*** and this statement is signed and dated by both myself and my immediate supervisor.

This form, with the original signatures, must be returned to the Payroll Office, Office of Human Resources, 5555 Ferguson Drive, 2<sup>nd</sup> Floor, Room 200-01, Commerce, CA 90022, no later than July 31, 2011. Issuance of the sick buy back reimbursement will be included on the August 15, 2011 Direct Deposit/Pay Warrant. No time card adjustments will be accepted to qualify an employee for this certification. ***NO FAX COPIES WILL BE ACCEPTED.***

Said reimbursement shall be paid at the appropriate rate computed in accordance with Section 6.20.030 (F) Section (2) of the County Code, and shall be based on the classification and pay rate I held on June 30, 2011. Further, I understand that electing to receive this reimbursement, I will forfeit all rights to use the hours of sick leave indicated above.

**NOTE:** Cash reimbursement is subject to the Federal and State withholdings.

**The deadline is July 31, 2011  
Late forms will not be processed**

\_\_\_\_\_  
Employee's Signature                      Date

\_\_\_\_\_  
Supervisor's Signature                      Date