



Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

June 12, 2007

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First District

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Second District

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Third District

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Fourth District

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TO: Network Executive Council

FROM: Marilyn Hawkins, Administrative Services Manager III *MH*

SUBJECT: **CASH REIMBURSEMENT FOR UNUSED SICK LEAVE
JANUARY 1, 2007, THROUGH JUNE 30, 2007**

Attached is the form for employees who wish to buy back sick leave. Eligible employees *must* have completed 12 consecutive months of continuous service by the last day of the period for which the sick leave reimbursement is being requested (i.e., June 30, 2007).

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

SUBMISSION REQUIREMENTS

The form must be signed and dated by the employee and the employee's supervisor. The supervisor must forward the completed form(s) to the Payroll Office located at DHS Human Resources, 5555 Ferguson Drive, 2nd Floor, Commerce, California 90022, no later than **July 31, 2007**. Issuance of the sick buy back reimbursement will be included on the August 15, 2007, Direct Deposit Pay Warrant.

No time card adjustments will be accepted to qualify an employee for this certification.

If additional forms are required, you may obtain them through your respective timekeeper. If you have any questions, or require additional information, please contact your referenced Payroll Supervisor as listed in the attachment.

CB:cc
M:\CB\Buy Back Memo 7-30-07.DOC

Attach

IS HUMAN RESOURCES
5555 Ferguson Drive
City of Commerce, CA 90022

Tel: (323) 890-8455
Fax: (323) 890-9718

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through leadership,
service and education.*

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**CERTIFICATION FOR CASH REIMBURSEMENT
FOR UNUSED SICK LEAVE
JANUARY 1, 2007 THROUGH JUNE 30, 2007**

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"/> 8 hours of sick leave (40 hours per week employees)	<input type="checkbox"/> 16 hours of sick leave (40 hours per week employees)	<input type="checkbox"/> 24 hours of sick leave (40 hours per week employees)
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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, 2007 through June 30, 2007. **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, 2nd Floor, Room 200-01, City of Commerce, CA 90022, no later than July 31, 2007. 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 6.14.060 of the County Code, and shall be based on the classification and pay rate I held on June 30, 2007. 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.

Employee's Signature Date

Supervisor's Signature Date