



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: CASH REIMBURSEMENT FOR UNUSED SICK LEAVE

Policy No.: A215
Supersedes: October 30, 2006
Revision Date: January 13, 2010
Reviewed: July 2, 2013
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PURPOSE:

To explain the implementation of Salary Ordinance provisions related to unused sick leave.

POLICY:

Full-time permanent employees have the option to receive cash reimbursement for one day of unused sick leave, carrying forward all other accumulated hours of sick leave, provided:

1. The employee has been in continuous full-time service during the previous calendar year;
2. No sick leave has been used for any reason, including personal reasons, during the preceding calendar year;
3. The employee exercises his or her option no later than January 31 of the succeeding calendar year by notifying the Department

Employees not electing to receive such reimbursement shall accumulate all unused sick leave. Each payroll office shall develop the instructions to all employees so that proper notification may be executed under this policy by January 31 of each calendar year. The instructions developed by the payroll office shall be in compliance with the guidelines issued by the Director of Personnel and the Auditor-Controller.

REFERENCES: Department of Health Services, Policy No 641

Reviewed: July 2, 2013 AC

APPROVED BY:

Signature(s) on File.

CERTIFICATE FOR CASH REIMBURSEMENT
FOR UNUSED SICK LEAVE

Pursuant to the provisions of Section 6 20.030 (F) of the Los Angeles Code,

I _____, Employee No _____, do hereby elect to receive cash reimbursement for: (Please check appropriate box..)

8 Hours of Sick Leave 16 Hours of Sick Leave 24 Hours of Sick Leave

I understand that the provisions of Section 6 20 030 (F) require that:

- In order to receive said reimbursement, I must have been continuously employed in a permanent, full-time position for at least 12 months from the last calendar day of the six month eligibility period

I must have used no sick leave for any purpose, including personal leave, during the period commencing (DATE INSERTED BY HUMAN RESOURCES)

- I must complete and sign this statement and present it to my immediate supervisor

Such reimbursement shall be paid at the appropriate work day rate computed in accordance with Section 6.14.060 of said Los Angeles County Code, and shall be based on the classification and pay rate I held on (DATE INSERTED BY HUMAN RESOURCES)

I further understand that in electing to receive said reimbursement, I forfeit all rights to accumulate or use the hours of sick leave indicated above

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- This form must be received in the Payroll Office no later than (DATE INSERTED BY HUMAN RESOURCES)
- This cash reimbursement will be subject to Federal and State withholdings
- There will be no time card adjustments accepted to change sick benefits to another benefit for purpose of buying back sick benefits..

Employee's Signature

Pay Location

Date

Supervisor's Signature

Title

Date

***** DO NOT WRITE IN THIS BOX- FOR HUMAN RESOURCES USE ONLY*****

ELIGIBLE Process date: _____/_____/_____

NON-ELIGIBLE Reason:.. -----

Payroll Clerk Initials: _____ Date: _____/_____/_____