

## Substitute Employee Request Form

County Ordinance 3.04.020 U. - Substitute employees may only be employed with prior approval of the board of supervisors. Department heads wishing to continue the employment of such employee beyond the six-month period may only do so with written permission of the county executive officer and the director of human resources. In any case, such employees may not return for more than one year without further approval of the board of supervisors.

<b>Type of Request:</b>	Initial/Maximum 6 months <input type="checkbox"/>	Beyond 6 month period <input type="checkbox"/>
Date:		
Department Name:		Fund No.:
Department Head:		
Classification/Job Title:	Range:	PCN:
Name of employee on leave:	Employee ID #	
	Date Leave of Absence Begins:	Expected Return to Work Date:
		Total Number of Days:
Justification: Please provide brief detail of circumstances that have led to this request and description of duties that are to be performed. Please attach additional sheet if necessary.		
Department Head Signature:		

### Human Resources & Risk Management

Has the employee been off work in excess of 30 calendar days? YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of Leave:	
Date Initial Request Approved by BOS: Minute Order # <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Verified By:	Date:
Substitute Employee Selected/Filled by:	D.O.H.:	Requisition No.
Effective Date: (1st 6 months)	From:	To:
Effective Date: (Beyond 6 month period)	From:	To:
Request Approved (beyond 6 month period) <input type="checkbox"/>	<i>Director of Human Resources &amp; Risk Management</i>	
Request Denied <input type="checkbox"/>		
Request Approved (beyond 6 month period) <input type="checkbox"/>	<i>County Executive Officer</i>	
Request Denied <input type="checkbox"/>		
Effective Date: (Beyond one year - Requires Board Approval)	From:	To:
Further Approval of the Board of Supervisors	Date Approved by BOS:	Minute Order #:
Comments:		