

SUBSTITUTE EMPLOYEE REQUEST FORM

Submit to HrRequisitions@co.imperial.ca.us for processing.

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.

Type of Request:	<input type="checkbox"/> Initial/Maximum 6 months	<input type="checkbox"/> Beyond 6 month period
Department:	Fund No.:	
Department Head:		
Classification/Job Title:	Range:	PCN:
Name of Employee on Leave:	ID#:	
	Date Leave of Absence Begins:	Exected 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:	Date:	

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:
Date Initial Request Approved by BOS and Minute Order #:	Date: MO# Verified By:	Date:
Substitute Employee Selected/Filled by:	Name: D.O.H.: Requisition #:	
Effective Date: (1st 6 months)	From: To:	Completed By:

Extension Beyond Six Months, Per Human Resources Director & County Executive Officer

Effective Date: (Beyond 6 month period)	From: To:	Completed By:
Request Approved <input type="checkbox"/> (beyond 6 month period)		Date:
Request Denied <input type="checkbox"/>	<i>Director of Human Resources & Risk Management</i>	
Request Approved <input type="checkbox"/> (beyond 6 month period)		Date:
Request Denied <input type="checkbox"/>	<i>County Executive Officer</i>	

Extension Beyond One Year, Per Board of Supervisors Approval

Effective Date: (Beyond one year - Requires Board Approval)	From: To:	Completed By:
Further Approval of the Board of Supervisors:	Date Approved by BOS: Minute Order #:	Completed By:
Comments:		