COUNTY OF SAN MATEO

AFSCME FROZEN SICK LEAVE REQUEST

You must initial each section and sign. Send signed form to Employee Benefits for review.

DESCRIPTION: The Board of Supervisors approved the Tentative Agreement amending the AFSCME MOU. This included the following summary of changes to sick leave accrual and retiree health benefits. For more details, please read the AFSCME MOU.

a) **"OLD" SICK LEAVE** will cease to accrue on June 12, 2022 with the exception 192 hours which will remain in the employees sick leave bank, any remaining "Old" Sick Leave will be frozen and kept on file with the County

b) **UNUSED FROZEN "OLD" SICK LEAVE:** The County will establish and contribute to the employee's Retiree Health Reimbursement Account (RHRA) based on unused Frozen "Old" Sick Leave hours at the conversion rate set forth by the AFSCME MOU at the time of employee's retirement

c) **"NEW" SICK LEAVE** accrual of 3.7 hours for each biweekly pay period of full-time work will begin on June 12, 2022 will not have conversion value for the purpose of retiree health coverage can accrue up to a cap of seven hundred twenty (720) hours

I. GENERAL INFORMATION:

Name:_____ Classification:_____

Employee ID #:_____ Work Phone:_____ Home Phone:_____

Department/Division:_____ Pony:_____ Supervisor's Name/Phone:_____

II. DURATION OF THE REQUESTED LEAVE:

Your original leave dates: **From:**_____ **To:** _____. **Date current leave is expected to end:** _____

III. NUMBER OF FROZEN HOURS REQUESTED TO BE MOVED TO RESERVED SICK LEAVE: (192 HOURS MAXIMUM)

I request _____ **hours of frozen sick leave to be moved (192 hours maximum).**

IV. AUTHORIZATION(S): Initial each statement to certify you have read and understood the information.

_____	I understand my MOU permits me to use additional hours of Frozen "Old" Sick Leave upon request for employees hired before 06/12/2022 who take long-term, FMLA, CFRA or disability (including pregnancy disability) leaves of absences on or after June 12, 2022
_____	I also understand that I must exhaust the one hundred ninety-two (192) hours of Old Sick Leave hours, as well as my New Sick Leave accrued after June 12, 2022 before requesting the additional Frozen "Old" Sick Leave
_____	I understand that I must only request hours that I intend to use for the covered leave as any unused Frozen 'Old" sick leave that is moved will NOT be moved back to Frozen sick leave after the hours are moved
_____	I understand that I can complete a new request form and move additional Frozen "Old" sick leave, up to 192 hours, if my leave is extended and I wish to request additional hours to use
_____	I understand the Frozen "Old" sick leave (up to 192 hours) that I am requesting will be moved to my reserved Sick Leave accrual.
_____	I understand my reserved sick leave can not be moved back to my frozen sick leave

I certify that I have read, initialed, and understand the information as outlined above.

Date:_____ Employee Signature: _____ _____

Print Name *Signature*

Employee must initial each section and sign. Send signed form to benefits@smcgov.org for review.

COUNTY OF SAN MATEO

INTERNAL USE ONLY

TO BE FILLED OUT BY COUNTY OF SAN MATEO HUMAN RESOURCES DEPARTMENT REPRESENTATIVE:

FMLA/CFRA Eligible: Yes ☐ No ☐

Reserved Sick Leave and New Sick Leave are at zero (0) hours: Yes ☐ No ☐

Notes:

Date:_____ _____ _____

Human Resources Employee Benefits Representative Name Signature

Completed form is routed to Department Payroll Coordinator.

INTERNAL USE ONLY

TO BE FILLED OUT BY DEPARTMENT PAYROLL COORDINATOR:

Move up to 192 hours to reserved sick leave: Yes ☐ No ☐

Date EIB Processed: _____

Date:_____ _____ _____

Payroll Coordinator Name Signature

Payroll Coordinator: Keep copy of completed form for your records and submit a copy to benefits@smcgov.org.

INTERNAL USE ONLY WHEN A PENDING WORKERS COMP CASE HAS BEEN APPROVED

TO BE FILLED OUT BY DEPARTMENT PAYROLL COORDINATOR ONLY FOR PENDING WORKERS COMP CASES

WORKERS COMP APPROVED CASE TOTAL HOUR RESTORATION: _____

Number of Reserved "Old" Sick Leave Hours that were used: _____

Number of Reserved "Old" Sick Leave Hours being restored: _____

Number of Reserved "Old" Sick Leave Hours being moved back to Frozen after 192 was restored: _____
(Above the 192 restoral)

Date:_____ _____ _____

Payroll Coordinator Name Signature

PLEASE ROUTE COPY OF FORM TO BENEFITS@SMCGOV.ORG ONCE RESTORED

Final Employee Benefits Review of Restored Workers Comp Hours:

Date:_____ _____ _____

Human Resources Employee Benefits Representative Name Signature