Personnel Department San Luis Obispo County County Government Center, Room 384 San Luis Obispo, CA 93408

Phone: (805) 781-5959

G:\Forms\Annual Leave

ANNUAL LEAVE PROGRAM

Request for Participation (Submit in triplicate)

Name	Social Security #
Classification	Department
I wish to participate in the County's Annual Leave Program County holidays an additional day of paid time off will be a County Code §2.44.070 occur. I fully understand that once that I must continue until August, subject to special circuparticipation until that time.	added to my leave balance as the holidays identified in I commence participation in the Annual Leave Program
Employees, with the approval of their department head, a Code §2.44.080, Holidays and Time Off, or request to p Leave Program allows employees to accrue holidays at understand that as a result of them opting for the annual I workday, but that an additional day of paid time off will be in County Code §2.44.070, Holidays and Time Off, occur.	articipate in the Annual Leave Program. The Annual nd utilize them as paid time off. Employees should eave concept, holidays will be considered as a regular added to their leave balance as the holidays identified
The total number of annual leave days which may be aclimited; provided, however, the total number of annual leave over from one calendar year to the next, if he/she so desir addition to maximum allowable vacation days in any year. first pay period ending in the following calendar year. It employee to be paid for accrued annual leave which is in Employees may enter the program at any time, but may be Department head retains the right to remove an employee.	res, shall be limited to twelve days of annual leave in This limitation shall be imposed on the last day of the Nothing in this chapter shall be deemed to allow any excess of the annual leave day carry-over limitation. Voluntarily withdraw only during the month of August.
Any permanent employee who terminates, or is discharged for the unused portion of the annual leave privilege accumis/her rate of pay on the date of discharge; provided, ho leave privilege accumulated in excess of the limitation. Ac balance utilization.	mulated up to and including the date of discharge at wever, that no payment shall be made for any annual
Employee's Signature	Date
Department Head's Signature	Date
Distribution: Department Personnel Auditor	

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