



C O N F I D E N T I A L
Yuma County
APPLICATION FOR PAID TIME FROM THE
EXTENDED ILLNESS BANK

| | | |
|----------------|--------|-------|
| Assigned EIB#: | | DOH: |
| Emp Name: | Emp #: | Dept: |

I hereby request _____ hours (160 max) of employee donated EIB Leave from the Extended Illness Bank (EIB) to begin approximately: _____.

I understand that **this is a privilege - not a right and is revocable**. I further understand that the Human Resources Department must approve my request and that this request is subject to non-funding possibilities. I also understand that employees' donating their leave solely funds this EIB program, and Yuma County is just the processor of the dollars. As the processor, Yuma County is not responsible for the donation.

Complete eligibility guidelines are stated in Personnel Rules PR-417 C. In accordance with PR-417 C.2: I am a regular status Yuma county employee, with at least one (1) year of employment and worked a minimum of 1250 hours within the last 12 months; and have completed original probation.

PLEASE CHECK ONE: **I DO** OR **I DO NOT** Wish my name to be given out as accepting EIB donations at this time. I understand that any donations made in my name that I cannot utilize will be added to the general pool of hours, unless donor requests excess leave be transferred back to donor's accrual bank.

I hold Yuma County harmless and give up any right to litigate or file a grievance as it relates to this application. **I WILL ADVISE HUMAN RESOURCES WHEN I RETURN TO WORK AND NO LONGER NEED EIB LEAVE, SO THAT THE REMAINING LEAVE MAY BE RELEASED.**

Employee Signature *Date*

**(Please Fill out Page 1 and attach a copy of Certification of Health Care Provider)
 & Submit Form to: Human Resources Department**

******* YOU MUST SUBMIT THIS FORM WITH MEDICAL
 DOCUMENTATION TO BE CONSIDERED FOR THIS PRIVILEGE*******

Financial Services - Payroll / Accounting use **ONLY**:

Assigned # _____

Name: _____ Emp # _____

Department: _____ DOH: _____

HRS REQUESTED: _____ HRS APPROVED: _____

_____ X _____ = Total \$ _____
\$ Rate per hour Total Hours Approved

As of: _____ the above employee has the following hour balances:
(Date)

Vacation _____ Sick _____

Comp _____ Balances recorded by: _____
HR Initials

EIB Began: _____

EIB Completed: _____

EIB RECORDED BY: _____ in Financial Services.

Address: _____

Tele: _____

FOR HR OFFICE STAFF USE ONLY

- Assigned EIB #
- Letter to Employee
- Copy of letter & EIB application to Finance
- Solicit for Employee & date of 1st email: _____

Official Yuma County Form