



**MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
PAYROLL & INFORMATION MANAGEMENT**

Reset Form

Print Form

**SPECIAL EARNED LEAVE POOL
APPLICATION FOR APPROVAL**

Effective Date

Employee ID	Last Name		First Name
Department	Hire Date	Classification	Employee Status

Reason for Request

If all of the following (1-3) are marked yes, then the employee is **eligible**:

	Yes	No
1. Is the employee in a status code that is eligible to earn leave and has this employee earned 13 pay periods?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the employee have exhausted all applicable available leave by the effective date given above?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the employee expect to be absent from work for at least one (1) pay period due to illness or injury to themselves or their immediate family?.....	<input type="checkbox"/>	<input type="checkbox"/>

If any of the following (4-9) are marked yes, then the employee is **not eligible**:

4. Has the employee made application for Short Term Disability Insurance?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the employee made application for Long Term Disability Insurance?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the employee a member of or eligible for benefits from a Departmental Earned Leave Pool?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the employee been injured on duty and subsequently was denied Short Term Disability Leave Benefits?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the employee receiving Service-Connected Disability (Long Term) payments from Risk Management?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the employee receiving Short Term Disability Leave?.....	<input type="checkbox"/>	<input type="checkbox"/>

10a. Is the employee receiving Workers' Compensation?.....

10b. If yes, is the employee in non pay status by the effective date stated above?.....

Refer to the Miami-Dade County Leave Manual Section 25.02.01 for more information on rules and procedures.

Authorizing Signatures

	Signature	Print Name	Date
Human Resources Manager			
Sheriff			

I certify that I have reviewed this request and it complies with the provisions of the County Leave Manual. This request is therefore:
 Approved Disapproved
 If disapproved, reason for disapproval: _____

For use by Human Resources Only

	Signature	Print Name	Date
Reviewed by			
Human Resources Director			

Approved Disapproved
 If disapproved, reason for disapproval: _____

Processed by: _____ Audited by: _____