

ADMINISTRATIVE ORDER NO. 94-2
OF THE
JEFFERSON COUNTY COMMISSION

Pursuant to the authority vested in the Jefferson County Commission by law, the following Administrative Order is hereby issued:

PURPOSE
TO ESTABLISH A POLICY AND PROCEDURE GOVERNING
EMPLOYEE UNPAID LEAVES OF ABSENCE.

1. POLICY

It shall be the policy of the Jefferson County Commission that employees who are absent from work without eligibility for vacation or sick leave shall be treated as absent without leave (AWOL), unless, such employee has obtained approval of the unpaid absence from the appropriate Appointing Authority pursuant to the procedures established by this Administrative Order prior to commencement of such absence.

2. PROCEDURE

Personnel Board Rule 7.31 establishes the procedure governing the approval of applications for unpaid leave of absence. Any form of leave without pay may be approved only by the Appointing Authority. Department heads, subordinate managers and supervisors may recommend but shall not authorize any form of unpaid absence from duty for employees who are not eligible for vacation or sick leave.

Employees who are absent from work without eligibility for vacation or sick leave shall be treated as AWOL unless the employee has satisfied all of the following

requirements before commencement of the absence

A For absences less than 5 days

I. Submitted a properly executed leave charge form through the chain of command with supporting documentation to the Appointing Authority. If approved and signed by the Appointing Authority, the employee's department shall attach the leave charge form to the appropriate time sheet upon submittal to the Payroll office.

8. For absences greater than 5 days or where cumulative unpaid absences during any consecutive twelve month period exceeds 5 days:i

i. Submitted a properly executed written application for unpaid leave of absence on the twat provided by the Jefferson Comfy Personnel Board through the chain of command to the Appointing Authority.

ii. Submitted with the application for unpaid leave of absence a signed and dated Letter of Understanding, in the form attached as Exhibit 1.

C. Obtained approval of the absence from the Appointing Authority.

3 DISCIPLINARY ACTION

Employees who fail to comply with the provisions of this Administrative Order and are absent from work without eligibility for vacation or sick leave will be subject to disciplinary action which may include termination of their employment,

4. EXCEPTIONS TO POLICY

Leave charge forms or applications for unpaid leave of absence after commencement of the absence will be disapproved unless.

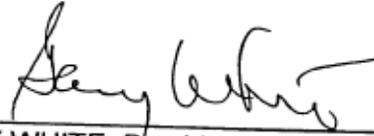
i. The employee demonstrates good and sufficient cause for the absence of sufficient vacation or sick leave:

- ii. The employee demonstrates good and sufficient cause for the failure to obtain approved leave prior to commencement of the absence.

5. FAMILY MEDICAL LEAVE

Employees who are eligible for leave without pay under the Family Medical Leave Act, 29 U.S.C. § 2612, et seq., may receive twelve work weeks of leave during any twelve month period. The term "any twelve month period" shall mean the twelve month period immediately preceding the request for leave of absence and shall not mean a calendar year.

ORDERED at the Jefferson County Courthouse, this 2nd day of February, 2000.



GARY WHITE, President
Jefferson County Commission

APPROVED BY THE
JEFFERSON COUNTY COMMISSION
DATE: 2-2-00
MINUTE BOOK: 127
PAGE(S): 216

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Conditions for Approval of Leave Of Absence Request

Letter of Understanding

The purpose of this letter is to confirm my understanding of the conditions for approval of my request for a leave of absence without pay.

1. If there is no vacant position available at the end of the approved leave period, or if I am offered a position and refuse it, I will be separated in good standing from the classified service, and my name will be placed on the Reemployment List in accordance with Personnel Board Rule 731(b).
2. The Reemployment List is a separate list established to allow certification of individuals who have been separated following a leave of absence. I understand that my name will not remain on the Reemployment List for longer than twelve (12) consecutive months.
3. With respect to vacancies, names will be certified from the 'Regular' list along with names from the Reemployment List. The employer can select anyone whose name is on the certification to fill the vacancy. This means that even though the employer can rehire me from the list, the employer is not required to do so.
4. I understand that there is no guarantee that I will be selected for reemployment within the 12 months that my name is on the Reemployment List. In addition, I understand that if I am reemployed from this list, I will be required to complete a probationary year, just like a new employee, unless I am rehired after returning from Disability Leave status.
5. I understand that any unpaid leave of absence provided to me at my request, together with all extensions, will be applied towards any period of absence to which I may be entitled pursuant to the Family Medical Leave Act or similar statute.

My signature below indicates that I have read and understand the conditions for approval of my request for a Leave of Absence without pay.

Employee's Signature

Date

Supervisor's Signature

Date

EXHIBIT "1"