

MIAMI-DADE COUNTY
HUMAN RESOURCES DEPARTMENT
PERSONNEL, TIME & ATTENDANCE

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?.....			<input type="checkbox"/> <input type="checkbox"/>
10b. If yes, is the employee in non pay status by the effective date stated above?.....			<input type="checkbox"/> <input type="checkbox"/>
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
Department Personnel Representative			
Department Director			
I certify that I have reviewed this request and it complies with the provisions of the County Leave Manual. This request is therefore: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> If disapproved, reason for disapproval: _____			
For use by Human Resources Only			
	Signature	Print Name	Date
Reviewed by			
Human Resources Director			
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> If disapproved, reason for disapproval: _____			
Processed by: _____		Audited by: _____	