MIAMI-DADE COUNTY
HUMAN RESOURCES DEPARTMENT
PAYROLL & INFORMATION MANAGEMENT

SPECIAL EARNED LEAVE POOL
APPLICATION FOR APPROVAL

Effective Date

Employee ID	Last Name	First Name

Department	Hire Date	Classification	Employee Status

Reason for Request

	Yes	No
If all of the following (1-3) are marked yes, then the employee is **eligible:**		
1. Is the employee in a status code that is eligible to earn leave and has this employee earned 13 pay periods?..............................	☐	☐
2. Will the employee have exhausted all applicable available leave by the effective date given above?...	☐	☐
3. Does the employee expect to be absent from work for at least two (2) pay periods due to illness or injury to themselves or their immediate family?..	☐	☐
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?...	☐	☐
5. Has the employee made application for Long Term Disability Insurance?..	☐	☐
6. Is the employee a member of or eligible for benefits from a Departmental Earned Leave Pool?.......................................	☐	☐
7. Has the employee been injured on duty and subsequently was denied Short Term Disability Leave Benefits?...............................	☐	☐
8. Is the employee receiving Service-Connected Disability (Long Term) payments from Risk Management?....................................	☐	☐
9. Is the employee receiving Short Term Disability Leave?...	☐	☐
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
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 ☐   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: _____

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