



County of Santa Barbara

Request for County Paid Time Leave & CA Supplemental Paid Sick Leave

Designation of Leave:

County Paid Time Leave or CA Supplemental Paid Sick Leave will be designated based on whether the qualifying reason applies under County Paid Time Leave policy or CA Supplemental Paid Sick Leave law. Should such request qualify under both, you must specify how you would like your requested time designated. If this applies, please check the box specifying your chosen designation:

- County Paid Time Leave CA Supplemental Paid Sick Leave

** If no designation is made, such time will be designated as CA Supplemental Paid Sick Leave*

Authorizations:

I agree that requested paid time off, if granted for the reason provided, meets County obligations under County Paid Time Leave policy and/or CA Supplemental Paid Sick Leave law, as so designated above.

Employee Signature:		Date:	
Supervisor Signature:		Date:	

DPA/Dept HR approval certifies employee eligibility and that the required documentation of the reason for leave is maintained at the department to justify County Paid Time Leave and/or CA Supplemental Paid Sick Leave hours granted and coded on the timesheet(s).

DPA / Dept HR Signature:		Date:	
Department Head Signature*:		Date:	

*Copy of this completed form should be kept at Department, along with *Employee Statement Supporting Co PTL & CA SPSL* form. Documentation regarding the need for such leave must be retained for a period of four (4) years.

The Auditor-Controller expects the integrity of all persons required to sign this form to use their best judgment in approving County funds to be used for salaries and benefits for time not worked. Granting these balances without a bona fide reason is a gift of public funds. **The department shall maintain this attestation and all documentation received on file as backup to authorize the hours coded on employee timesheet(s).**

Departmental Use Only - Notes/comments: