

SONOMA COUNTY DISASTER LEAVE REQUEST FORM:

September 2020 GLASS FIRE INCIDENT

On September 29, 2020, the Board of Supervisors of the County of Sonoma declared a local emergency due to the Glass Fire I. Under the Disaster Leave program, impacted employees may apply to receive leave hours donated by other County employees.



Employee Request for Disaster Leave: I certify that my primary residence has been impacted (damaged as result of the 2020 Glass Fire Incident and I will exhaust (or have exhausted) my vacation, vacation savings, furlough and comp time accruals.

Employee Name: _____ Employee ID # _____

Employee Contact Number: _____ Department: _____

Street address of impacted property: _____

City _____ Zip Code _____

Impacts to my primary residence are as follows: _____

I understand that donated leave:

- Time is limited to a maximum of 320 hours, and must be used for purposes related to impacts to my primary residence caused by the 2020 Glass Fire Incident, and within 1 year of the end of the County Board of Supervisor's disaster proclamation or proclamation extension;
- Will be applied by ACTTC-Payroll each pay period to Leave Without Pay (LWOP) hours incurred because of the 2020 Glass Fire Incident. **All vacation, compensatory, purchased vacation and unpaid furlough hours must be exhausted prior to receiving disaster donation hours.** (Bonding leave and sick leave do not need to be used prior to accessing Disaster Leave);
- Will be provided to eligible employees subject to the number of hours donated by employees, and number of employees receiving donations each pay period. If there are insufficient hours to cover all eligible employees fully, each eligible employee will receive an equal dollar amount of the available hours;
- May not be received as cash in lieu of using the leave.

I further understand that Auditors Office will administer leave donations in compliance with IRS tax rules.

Timecard Requirements: Once vacation and comp time balances are exhausted, use pay code "LWOP" with miscellaneous transfer code "**LWOP-Glass Fire Disaster**".

Employee Signature: _____ **Date:** _____

Fax completed form to 565-0101, or e-mail DisabilityUnit@sonoma-county.org, with subject line **Disaster Leave -(Employee Name)**

Human Resources: Approved Denied (Reason: _____)

Dir. of Human Resources/Designee: _____ Date: _____