



Pandemic H1N1 Flu Virus Leave Advance Authorization Form

SECTION I: For Completion by Employee

Employee Name: _____ Employee ID: _____ Department: _____

When taking time off from work due to the Pandemic H1N1 Flu virus, affected employees are eligible to receive H1N1 Sick Leave Advance at a max of 32 hours of sick leave after all existing leave balances have been exhausted.

List below the hours taken that are related to the H1N1 flu virus.

Period of Absence:

Date	Leave Hours Taken

I understand that I must exhaust all available leave balances (holiday, vacation, comp, annual leave) before I am eligible to post H1N1 sick leave advance. Furthermore, the payment of H1N1 sick leave advance (SK1 or AN1) will create a negative leave balance in my sick leave plan. As I accrue sick time, the leave balance will be adjusted accordingly to reduce the negative balance.

I UNDERSTAND AND ACKNOWLEDGE THAT SHOULD I TERMINATE MY EMPLOYMENT WITH THE County of Riverside before such time that the negative sick leave balance is positive, then I agree to have any outstanding amount, equal to the negative sick leave balance, taken from my last regular pay warrant and/or my final pay warrant.

Employee's Signature _____ Date _____

SECTION II: For Completion by Employee's Supervisor

The employee was off work on the dates listed above due to the Pandemic H1N1 flu virus:

Print Name _____ Title _____

Signature _____ Date _____

SECTION III: For Completion by Auditor-Controller's Payroll Division

Exhausted All Leave : Yes No Sick Leave Balance Negative: Yes No
Forward Copy to Repay Team

Total Hours Keyed to HRMS - Payline _____ Pay Period _____

ACO Payroll Processor _____ Date _____