



# ADMINISTRATIVE PROCEDURES

Procedure Number: 23-38

Effective Date: 12/10/2014

Revision Date: 07/01/2016

*C. D. Dubeau*

County Administrator

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SUBJECT: **LEAVE ADMINISTRATION**

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DEPARTMENT RESPONSIBLE: **ALL DEPARTMENTS (Except Superior Court, Juvenile Court and Clerk of the Court)**

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## I. STATEMENT

This administrative procedure (AP) is established to memorialize leave administration procedures necessitated by the implementation of the Automated Data Processing (ADP) integrated Human Resources/Payroll/Benefits system.

## II. PROCEDURES

To Initiate, Change or End Leaves (other than sick or annual):

### A. Administrative Leave with Pay:

Department provides notice of leave to employee as set forth in Personnel Policy 8-107 and sends documentation with completed Leave Administration form to Human Resources (HR) Leave Administration.

### B. Humanitarian-Personal, Candidacy for Elective Office, Education, Best Interest of the County, Victim, Medical Leave of Absence:

Department provides notice of approval and documentation, if applicable, with completed Leave Administration form to HR Leave Administration. **Note:** pursuant to PP 8-108 C, intermittent medical leave without pay may occur as an Americans with Disabilities Act (ADA) accommodation or due to a serious medical condition as determined by Human Resources and requires Human Resources approval.

### C. Family and Medical Leave:

Employee or department submits completed Leave Administration form as a request to HR-FMLA (this replaces the Form REQ for FML). Approval of FML is granted per Administrative Procedure 23-37.

D. Military (continuous, intermittent, paid and unpaid):

Department provides notice of approval and supporting documentation, if applicable, with completed Leave Administration form to HR Leave Administration. HR Leave Administration will consider the type of leave and supporting documentation to ensure the correct leave is administered and in accordance with PP 8-103.

III. RESPONSIBILITY

- A. All departments are responsible for ensuring that their employees follow procedures set forth in Personnel Policies regarding the request and approval of leave and for properly and timely submitting documentation with completed Leave Administration forms to HR Leave Administration.
- B. HR Leave Administration is responsible for entering leave information into EV5 and eTIME as per HR Desktop Procedure for Leave Administration.

Attachment: Leave Administration Form

Note: Fillable form is located on the HR Forms page.

The table shown below clarifies the types of leave and the specifics of each leave type covered by this procedure.

SPECIAL LEAVES OF ABSENCE WITH PAY			
Personnel Policy	Type / Reason	Maximum Leave Time	Notes
8-107 A.3	Administrative Leave with Pay - Best Interest of County	30 Business Days	County Administrator approval required for extensions beyond 30 business days.  In the case of layoffs, County Administrator approval may be required.
8-107 F	Parental Leave	6 Weeks	See Administrative Procedure 3-20 for leave details.

CIVIC DUTY LEAVE AND UNIFORMED SERVICES LEAVE						
Personnel Policy	Type / Reason	Maximum Leave Time	Continuous	Intermittent	Required to Use Comp Time/Annual Leave?	Notes
8-103 F	Short Term Uniformed Service (Military) Leave	Unlimited	Yes	Yes	No	Use of banks is optional
8-103 G	Long Term Uniformed Service (Military) Leave	5 Years**	Yes	No	No	Use of banks is optional

LEAVES OF ABSENCE WITHOUT PAY						
Personnel Policy	Type / Reason	Maximum Leave Time	Continuous	Intermittent	Required to Use Comp Time / Leave Banks?	If Required to Use Comp Time / Leave Banks, Which and in What Order?
8-108 B	Education	1 Year	Yes	No	Yes	1. Comp time; 2. Annual Leave
8-108 C	Medical	1 Year	Yes	Yes	Yes	1. Sick; 2. Comp Time; 3. Annual; 4. CAT Bank*
8-108 D	Candidacy for Elective Office	6 Months	Yes	No	Yes	1. Comp Time; 2. Annual
8-108 E	Best Interest of the County	1 Year	Yes	No	Yes	1. Comp Time; 2. Annual
8-108 F	Humanitarian / Personal	6 Months	Yes	No	Yes	1. Sick; 2. Comp Time; 3. Annual; 4. CAT Bank*
8-108 G	Family and Medical Leave	12 to 26 Weeks	Yes	Yes	Yes	1. Sick; 2. Comp Time; 3. Annual; 4. CAT Bank*
8-108 H	Victim	Unlimited	Yes	Yes	No	Use optional, order optional

\*CAT Bank Leave – available to member employees only

\*\* Unless reemployment rights extend beyond five (5) years under USERRA

Attachment 1



## Leave Administration Form

Submit form to HR Leave Administration by email ([HR.LeaveAdmin@pima.gov](mailto:HR.LeaveAdmin@pima.gov)),  
fax (520-791-6514), or mail (150 W Congress, 4th floor, Tucson, AZ 85701)

[Email Form](#) [Print Form](#)

### Type of Request

Effective Date: \_\_\_\_\_  New  Change  End

### Employee Information

Employee Name	EIN	Date of Birth	Employee Work Schedule (Days# hours)
Department	Supervisor's Name	Supervisor's Phone	
Employee Work Phone	Employee Home Phone	Employee Cell Phone	

If needed, HR Leave Administration may send information to the email(s) below.

Employee work email address: \_\_\_\_\_

Employee home email address: \_\_\_\_\_

### Leave Category/Reason (Select all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrative (Paid)     | <input type="checkbox"/> Workers' Comp (ICA) | <input type="checkbox"/> FML Adoption/Foster- <i>Est. Placement Date</i> _____                     |
| <input type="checkbox"/> Parental (Partially Paid) | <input type="checkbox"/> Military Paid       | <input type="checkbox"/> FML Birth- <i>Estimated Due Date</i> _____                                |
| <input type="checkbox"/> Humanitarian/Personal     | <input type="checkbox"/> Military Unpaid     | <input type="checkbox"/> FML Caregiving * <i>List Name, relationship, &amp; DOB in Details.</i>    |
| <input type="checkbox"/> Candidacy                 | <input type="checkbox"/> Victim              | <input type="checkbox"/> FML Military Care * <i>List Name, relationship, &amp; DOB in Details.</i> |
| <input type="checkbox"/> Education                 |  | <input type="checkbox"/> FML Military Exigency * <i>List Name &amp; relationship in Details.</i>   |
| <input type="checkbox"/> Best Interest of County   |  | <input type="checkbox"/> FML Self <input type="checkbox"/> Employee is Hospitalized at _____       |
| <input type="checkbox"/> Medical LOA (not FML)     |  | New Condition <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown     |

### Leave Frequency

Start Date (mm/dd/yyyy) \_\_\_\_\_ to End Date (mm/dd/yyyy) \_\_\_\_\_  unknown

Continuous \_\_\_\_\_ to \_\_\_\_\_  unknown

Intermittent \_\_\_\_\_ to \_\_\_\_\_  unknown

Is there a change to scheduled hours?  Yes  No New Hours per week \_\_\_\_\_

FML Information: Name(s), Relationship(s) and DOB(s):  
**DO NOT INCLUDE ANY MEDICAL INFORMATION OR CONDITIONS ON THIS FORM.**

Documents attached per Administrative Procedure: (Examples: approval, work status information, military orders, letters, etc.)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Leave Administration use only: eTime \_\_\_\_\_  
Class Code: \_\_\_\_\_ E/V5 \_\_\_\_\_  
Days worked: \_\_\_\_\_  
Qualifying hours: \_\_\_\_\_ Approved / Denied \_\_\_\_\_

HR Leave Administration may be contacted by email [HP.LeaveAdmin@pima.gov](mailto:HP.LeaveAdmin@pima.gov) or phone 520-724-8076.