

SONOMA COUNTY DISASTER LEAVE REQUEST FORM:

January 2023 Storm Event



On January 10, 2023, the County of Sonoma Board of Supervisors declared a local emergency due to a storm event, activating the County's Disaster Leave program. Impacted employees may now 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 January 2023 Storm Event) and I will exhaust (or have exhausted) my vacation, vacation savings, and compensatory 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 the following applies to any donated hours I receive under the Disaster Leave Program:

- Leave is limited to a maximum of 320 hours and must be used for purposes related to impacts to my primary residence caused by the January 2023 Storm Event, and within 1 year of the end of the County Board of Supervisor's disaster proclamation or proclamation extension.
- Leave will be applied by ACTTC-Payroll each pay period to Leave Without Pay (LWOP) hours incurred because of the event. **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).
- 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.
- Leave 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 Disaster Flood Hrs".

Employee Signature: _____ **Date:** _____

Department to Complete: This Disaster donation request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
If denied, state reason: _____
Dept. Head (or Designee) Signature: _____ Date: _____
E-mail completed form to: DisabilityUnit@sonoma-county.org , with subject line Storm Event Leave Request - (Employee Name)
Human Resources: <input type="checkbox"/> Approved <input type="checkbox"/> Denied - Reason: _____
Dir. of Human Resources/Designee: _____ Date: _____