

City of Eagle Pass
Payment In Lieu Request Form



The City of Eagle Pass offers the benefit of a payment in lieu of vacation and/or sick leave to help employees during a financial hardship. To request this benefit, please fill out the first page of this form. Once completed please submit the request for to your director for their approval. The Director will then forward to Human Resources to forward to City Manager. If you have any questions please call Human Resources Department at (830) 773-1111.

Date: _____

Employee's Name: _____

Employee #: _____

Department: _____

Position: _____

_____ Initial here to acknowledge you've read and understand the policy below:

Code of Ordinance Article II, Chapter 2 Section 2-29- Compensation and Evaluations (g) Payment of available vacation or sick leave.
Procedure Payment of available vacation or sick leave on account of financial hardship shall be paid only if there is available funding; the payment does not reduce an employee's sick leave balance to less than forty (40) hours; and the employee submits substantiating documentation. The department head must make a recommendation to the City Manager for approval of any request for payment, except in the case of requests by the City Manager, City Attorney, Municipal Court Judge, Alternate Municipal Court Judge or City Auditor, which requests shall be presented to the City Council for consideration and approval. To the extent an employee's request is granted, payment will be made in the following order and manner:

- 1. Reserve sick leave hours accumulated above 240 hours for regular employees at 50% of the employee's regular rate of pay.
- 2. Sick leave hours of 240 hours or less for regular employees at 100% of the employee's regular rate of pay.
- 3. Available vacation hours at 100% of the employee's regular rate of pay.

Restrictions An employee who requests and receives payment in lieu of available vacation and sick leave hours shall not be eligible to request compensation due to hospitalization (see above) for a period of twelve (12) months from the date the request for payment in lieu of available leave is approved. An employee is also restricted from making another request for payment in lieu of available leave for a period of twelve (12) months from the date the first request is approved.

Payment in lieu request: _____ Vacation Hours _____ Sick Leave Hours (Non-civil service employees only)

The request is a result of:

- Certain medical expenses: _____
- Payments necessary to prevent eviction from, or foreclosure on, a principal residence
- Burial or funeral expenses
- Certain expenses for the repair of damage to the employee's principal residence or motor vehicle

Please provide relationship for attached supporting documentation if not for self: _____

By signing below, I hereby acknowledge that the statement and information included and attached with this request are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation, falsification or material omission of information on this request may result in disciplinary action, which may include termination, and may be subject to criminal prosecution.

Employee's Signature: _____ Date: _____

Deadline to submit request for Payment in Lieu to HR is the Friday before every payroll week. Any request received after Friday will be submitted in the following payroll.

Department Director's comments, if any:

Is funding available? Yes No

By signing below, I am recommending approval of the request. I hereby acknowledge I have reviewed and validated the information and documentation received to be true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation, falsification or material omission of information on this request may result in disciplinary action, which may include termination, and may be subject to criminal prosecution.

Department Director's Signature: _____ Date: _____

HUMAN RESOURCE DEPARTMENT SECTION

Date Received at Human Resource Department: _____

Processed by: _____

Is funding available? Yes No, if not, discuss with the director prior to recommending approval.

Verified hours and availability: Yes

Supporting documentation was reviewed: Yes

Vacation (If vacation, please verify the employee is entitled to them based on their anniversary date.)

Sick Leave (any SL hours LESS than 240 for regular employees)

Reserve Sick Leave (any SL hours OVER 240 for regular employees)

Hours requested & available: _____

Employee pay rate _____

Gross amount
(Multiply hrs available by pay rate.) _____

Determine amount due in accordance to type of leave requested and type of hardship, in accordance with policy. (Multiply Gross amount by applicable percent.)

Medical Hardship: 100% _____ 100% _____ 50% _____

Extreme Hardship: 100% _____ 100% _____ 50% _____

Est. deductions: _____ (Calculate estimated 30% for deductions. Multiply amount due by .30)

Est. Net payment amount: _____ (Subtract Est. employee deduction from amount due.)

Human Resources' comments, if any:

ADMINISTRATION DEPARTMENT SECTION

Date Received by Administration Department: _____

City Manager's comments, if any:

Approved:

Denied:

City Manager's Signature: _____

Date: _____