

**CITY OF EL PASO, TEXAS**  
**DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)**

**DEPARTMENT:** Fleet Services

**AGENDA DATE:** 08/02/05

**CONTACT PERSON/PHONE:** Fleet Services, Jeffrey Belles, (915) 621-6821

**DISTRICT(S) AFFECTED:** N/A

**SUBJECT:**

**APPROVE:** Special Sick Leave

**BACKGROUND / DISCUSSION:**

This request meets all the requirements for Special Sick Leave and we recommend City Council approval.

**PRIOR COUNCIL ACTION:**

Has the Council previously considered this item or a closely related one? If so, when?

No

**AMOUNT AND SOURCE OF FUNDING:**

N/A

**BOARD / COMMISSION ACTION:**

Enter appropriate comments or N/A

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**LEGAL:** (if required) \_\_\_\_\_

**FINANCE:** (if required) \_\_\_\_\_

**OTHER:** \_\_\_\_\_

(Example: if RCA is initiated by Purchasing, client department should sign also)

*Information copy to appropriate Deputy City Manager*

**APPROVED FOR AGENDA:**

**CITY MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



City of El Paso  
Human Resources Department  
**Request for Special Sick Leave**

**RECEIVED**

JUN 30 2005

HUMAN RESOURCES DEPT.  
ADMINISTRATION

TO: Human Resources Director  
Thru: Department Head  
From: **Fleet Services** Department

Date: 06-24-2005

I am requesting to use my special sick leave in accordance with Ordinance 8064, Section 4.4:

Employee's Name (Last, First, Middle initial):

De La Cruz, Angel

Empl. ID

Last 4 of SS#:

~~██████████~~ ~~██████████~~

Title: Automotive Technician I

Hours Per Week Assigned 40

FROM: ~~5/11/05~~ 12, 2005

TO: UNTIL FURTHER NOTICE.

This extension of sick leave shall not exceed six calendar months at any one time. While under this leave provision, no vacation or sick leave benefits are accrued. Refer to Ordinance 8064 for other criteria.

Reason:

Physician's Certificate Attached

Additional Attachments

Employee's Signature:

*Angel De La Cruz*

Date:

6-28-05

Department

Head's Signature:

*Jeffrey Sellers*

Approved

Denied

Date:

6/30/05

\* IF YOUR REQUEST HAS BEEN DENIED, YOU HAVE FIVE (5) CALENDAR DAYS FROM RECEIPT TO APPEAL THIS DENIED REQUEST TO THE HUMAN RESOURCES DIRECTOR.



**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**



Special Sick Leave Balance: 412.33 Hours

Total Work Days: 51.54

COMMENTS:

Balance on previous audit done in August 2003 844.33  
SSL used Sept 02 to Nov 14, 2003 -432.00  
412.33 remaining balance.

PREPARED BY:

*Pauline Pustillo*

TITLE: Personnel + Accounting Clerk

DATE: 7-18-05

VERIFIED BY:

*[Signature]*

TITLE: HR Practitioner

DATE: 7/18/05

Human Resources Director Signature:

Approved

Denied

Date:

DATE APPROVED BY CITY COUNCIL \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FIRST PAY PERIOD: SCHEDULE # \_\_\_\_\_

ENDING DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DISTRIBUTION: Original - Human Resources; Copy-Department; Copy-Employee