# Baldwin County Commission

## Legislation Details (With Text)

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| **File #:** | 21-0910 **Version:** 1 | | |
| **Type:** | Consent | **Status:** | Passed |
| **File created:** | 5/21/2021 | **In control:** | Baldwin County Commission Regular |
| **On agenda:** | 6/1/2021 | **Final action:** | 6/1/2021 |
| **Title:** | Request for Leave of Absence - Baldwin Regional Area Transit System (BRATS) | | |
| **Indexes:** | | | |
| **Attachments:** | | | |

| Date | Ver. | Action By | Action | Result |
|---|---|---|---|---|
| 6/1/2021 | 1 | Baldwin County Commission Regular | Approved | |

**Meeting Type:** BCC Regular Meeting
**Meeting Date:** 6/1/2021
**Item Status:** New
**From:** Deidra Hanak, Personnel Director
**Submitted by:** Deidra Hanak, Personnel Director

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**ITEM TITLE**
Request for Leave of Absence - Baldwin Regional Area Transit System (BRATS)

**STAFF RECOMMENDATION**
Approve a Leave of Absence for employee #188426 beginning April 14, 2021, for up to a 3-month period as outlined in the Baldwin County Employee Handbook, Section IV.I. "If an employee exhausts all of his or her annual, sick and FMLA leave and still needs additional time off for personal or health reasons, he or she may apply for an unpaid leave of absence for a period of up to three (3) months. The request for leave must be given to the employee's supervisor and Appointed Department Head at least thirty (30) days prior to the start of the requested leave date unless the leave is an emergency. Any request for leave of absences must be approved or denied by the County Commission."

**BACKGROUND INFORMATION**

**Previous Commission action/date:** N/A

**Background:** N/A

**FINANCIAL IMPACT**

**Total cost of recommendation:** N/A

**Budget line item(s) to be used:** N/A

**If this is not a budgeted expenditure, does the recommendation create a need for funding?**
N/A

## LEGAL IMPACT

**Is legal review necessary for this staff recommendation and related documents?**
N/A

**Reviewed/approved by:** N/A

**Additional comments:** N/A

## ADVERTISING REQUIREMENTS

**Is advertising required for this recommendation?** N/A

**If the proof of publication affidavit is not attached, list the reason:** N/A

## FOLLOW UP IMPLEMENTATION

**For time-sensitive follow up, select deadline date for follow up:** N/A

**Individual(s) responsible for follow up:** N/A

**Action required (list contact persons/addresses if documents are to be mailed or emailed):**
N/A

**Additional instructions/notes:** N/A