



COUNTY COUNCIL OF BEAUFORT COUNTY

Employee Services Department

Post Office Drawer 1228

Beaufort, South Carolina 29901-1228

Phone: (843) 255-2990 Fax: (843) 255-9484

MEMORANDUM

TO: All Benefits-Eligible County Employees

FROM: Suzanne Gregory, Employee Services Director

DATE: December 29, 2017

SUBJ.: 2018 Employee Emergency Leave Transfer Bank (EELTB)

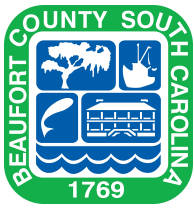
The opportunity is here again for those employees who wish to participate in the Employee Emergency Leave Transfer Bank (EELTB) Program. This program allows eligible full-time county employees to donate a specified number of accrued leave time hours from their Personal Leave Account to a bank where those employees who have no leave available can draw needed time. The program gives employees a safety net for up to **6** weeks (240 hrs) of paid leave during a personal emergency or other hardship emergency situations.

To participate in this program, you must be a regular full-time employee with **12** continuous months of service and have a minimum of **40** accrued leave hours in your Personal Leave Account as of December 31, 2017. To qualify for the 2018 calendar year, you must donate at least eight (**8**) hours of your accumulated personal leave to the program. **Please see page 72 of the Employee Personnel Handbook for details on the EELTB Program.**

The EELTB Enrollment Period for 2018 will begin December 28, 2017, and end on January 12, 2018. **If you are interested in participating, please complete the attached Donation Request Form and return it to the Employee Services Division by the close of business on January 12, 2018. Forms received after this date will be considered INELIGIBLE.**

If you have any questions, please feel free to contact the Employee Services Department at ext. 2990.

Enclosure



Beaufort County Council
Employee Emergency Leave Transfer Bank

Rec'd. by _____
Employee Services
Date: _____
Time: _____
Initial: _____

DONATION REQUEST FORM

Name of Employee: _____ Date: _____

Employee Number: _____ Contact Number: _____

Employee's Job Title: _____

Department: _____

Please indicate the total number of personal leave hours you wish to donate:

_____ # of Hours for 2018 annual enrollment (must donate a minimum of 8 hours for eligibility)

Employee Statement:

I hereby voluntarily request and authorize the Beaufort County Employee Services Department to deduct the above listed number of accrued leave hours from my account balance and transfer them as a personal donation to the Beaufort County Employee Emergency Leave Transfer Bank (EELTB). I understand that I must have completed at least one (1) year of service and that I must have a minimum balance of 40 hours in my PLT account as of December 31st to be eligible to donate. **I have read the EELTB policy and understand the rules governing the donation of leave hours to the EELTB.**

Signature of Employee

Date

DEADLINE TO SUBMIT DONATION FORMS: 1/12/2018 BY CLOSE OF BUSINESS (5PM). FORMS RECEIVED AFTER THIS DATE AND TIME WILL BE CONSIDERED INELIGIBLE!

**For Employee Services Department Only:
Employee's total number of available
PLT hours as of December 31, 2017**

Personal Leave