

REQUEST TO RECEIVE VACATION ACCRUAL CREDIT BASED ON CONTINUOUS PUBLIC SERVICE

Return completed form to Human Resources & Development

Email: HRD_HRIS@tularecounty.ca.gov or Fax (559)730-2616

| 1 | |
|--|--|
| (Print Name and Employee ID) | (Print Job Classification) |
| (County Department) | (Daytime/Message Phone #) |
| | vithout a break in service. I am requesting that the County of will accrue as if all my years of prior continuous public service |
| My date of hire with the County of Tulare is/was | s: |
| | (mm/dd/yy) |
| The following is my record of prior continuous p | oublic service. |
| | Continuous Public Service order with the most recent at the top |
| Name(s) of Prior Public Employer(s) | Dates of Employment (mm/dd/yy) |
| | From To |
| Total eligible service credit reque | ested: Years months |
| Employee Signature I certify that the information contained on this form is a full, service. | Date true, and correct statement of my immediate prior continuous public |
| This area for Human Resources and Development Use | ONLY [] Approve [] Modify to [] Deny |
| Reason(s) for modification or denial: | HR&D Approved by: Date: |
| Denial Reasons: | |
| B - Break in Service | P - Part time or no vacation earned |
| E - Break due to Extra Help | M - Already at maximum accrual |
| A - Already credited | R - Did not respond for additional info |
| N – Not a" non-profit" | |
| Pay Period # | HR&D Intials Date |
| HRD Use Only: | HRD Use Only: |
| Prior Benefit LOS date: | Net Years: Vacation Accrual |
| Adjusted Benefit LOS date: FLSA: | Cap Years: |
| Process date: initials | Notified Emp & Dept |

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