WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: <u>3</u>	3/14/2018 We	eekly Agenda Date: 3/20/2	2018		
	ED OFFICIAL / DEPARTNING FOR AGENDA ITEM:	IENT HEAD / CITIZEN:	Melissa Thomas		
Appro	oval for employee D	.H. to exceed the allo	ted amount of	f Family Extended Sick time.	
ACTION REQUIRED:					
Арр	prove Ordinance 🛚	Approve Resolu	ution 🗆	Approve Motion ☑	
Puk	olic Hearing 🛚	Other: Informat	ional 🗆	Attachments	
EXECUT	IVE SUMMARY:				
D.H. has ex	cceeded the 120 hor	urs per fiscal year of	allotted Family	y Extended Sick time by 26 hours.	
BACKGF	ROUND:				
employee's	sick leave. If the en		amount of hou	ive per contract year can be charged urs, board approval can be obtained t	
FINANCI	AL IMPACT:				
0					
		VED IN THE AGENDA ITE		ITRACT BEEN SUBMITTED AT LEAST ONE WI	EEK
Yes □	No ☑				
RECOM	MENDATION:				
Approve D.	H. additional extend	ed family sick leave h	ours be taker	n from his sick leave balance.	
ACTION	REQUIRED / PROPOSED	MOTION:			
Motion to a	pprove D.H. to use a	additional extended fa	amily sick leav	re.	