Version Date: 3/18/2015



HR Policy and Policy Change Request Form

Please submit this form to Human Resources to request a new HR Policy or amend an existing HR Policy. The purpose of this form is to track change requests and facilitate communication between Human Resources and the requesting party.

General/Contact Information						
Please note requests for new HR Policies or HR Policy changes must be made through an Elected Official or Department Director. Please fill out the following:						
☐ Elected Official	Mayor Jenny Wilson	☐ Department D	irector	Kathleen Johnston		
Date Requested:	August 12, 2021	Point of Contact	Name:	Pashion Whales		
Email Address:	owhales@slco.org	Phone Number:	385-46	58-0582		
Policy Information/Request Details						
Policy Number: 4	-200	Policy Name: Lea	ave Prac	tices		
Relevant Section(s): II.D.6.e and II.K.1-5						
Please describe the new policy or policy change proposed and indicate the reason for the request:						
add II.D.6.e The 19th of June						
	be applied retroactively back to Months. 1 II.E.1. (entitled "Holiday Leave – Streeping boliday.	•	nployee	s")		

Version Date: 3/18/2015



Briefly describe how the new policy or policy change	will impact your office, agency or	department:			
The addition of Juneteenth as a paid County Holiday alig Holiday. The updated language removes the ambiguous languag					
Briefly describe the impacts of the new policy or policy	cy change County-wide:				
The state of the s					
This addition will provide another paid Holiday for benefit eligible employees.					
This will ensure equitable and fair application of parenta leave to benefit eligible employees who recently had a c		pose to provide paid			
FOR HUMAN RES	OURCES USE ONLY				
Date Received:	Passed on to DA for drafting?	☐ Yes ☐ No			
If not passed on to DA, indicate why:					
Date of Response of requesting party:					
Summary of response to requesting party:					