



# County of San Bernardino

## Perfect Attendance Benefit Election Form

(Calendar Year 2023 / Pay Periods 01/23 – 26/23)

Employee ID	Last Name, First Name	Regular Work Schedule: (Choose one)
Department	Work Phone Number	<input type="checkbox"/> 80 hours per pay period <input type="checkbox"/> 72 hours per pay period <input type="checkbox"/> Other:

Please indicate your Perfect Attendance Benefit selection below:

**Perfect Attendance Leave (PAL)** – Employees selecting this option will receive up to sixteen (16) hours of Perfect Attendance Leave (PAL) time. Hours will be **prorated** for employees who are scheduled less than eighty (80) hours per pay period. For example, employees scheduled for seventy-two (72) hours per pay period will receive 14.4 hours of PAL time. Employees may take PAL time at their discretion, provided the minimum time used on a single day does not result in overtime. PAL time **must be used before December 13, 2024** (end of Pay Period 26/24). Employees who do not use PAL time before **December 13, 2024**, will forfeit all unused time. There is **NO cash-out provision** for unused PAL time.

**Health Club Membership Reimbursement** – Employees selecting this option can request to be reimbursed up to \$299 towards an approved health club membership, **employee-only** (no family or add-ons). This amount will be **prorated** for employees who are scheduled less than eighty (80) hours per pay period. For example, employees scheduled for seventy-two (72) hours per pay period will receive \$269 reimbursement. Employees selecting this option must also complete the enclosed [Perfect Attendance Health Club Membership Reimbursement](#) form.

Complete details regarding your reward options and applicable deadlines may be found on the [Perfect Attendance Benefit Options](#) table.

**NOTE: Employees who do not submit a *Perfect Attendance Benefit Election Form* to the Employee Benefits and Services Division (EBSD) by March 8, 2024, will receive up to sixteen (16) hours of PAL time as a default selection.**

By signing below, I acknowledge and understand that, in accordance with IRS regulations, these benefits are TAXABLE. Should I select the PAL time option, I will be taxed in the same manner as for sick or vacation leave. If I select the Health Club Membership Reimbursement option, I will be taxed on the dollar amount paid/reimbursed for the membership. The benefit value will be added to my taxable W-2 wages in the year in which I receive my reimbursement. Additionally, I understand that I am responsible for all taxes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Please return this completed form to the EBSD:**
- Via email at [mhm@hr.sbcounty.gov](mailto:mhm@hr.sbcounty.gov), or
  - Via inter-office mail code EBSD (0440) Attention: PAL