



# PERFECT ATTENDANCE BENEFIT OPTIONS

Eligible employees may choose only **ONE** of the following options:

OPTIONS	HEALTH CLUB MEMBERSHIP REIMBURSEMENT (Option 1)	PERFECT ATTENDANCE LEAVE (PAL) (Option 2)
DESCRIPTION	<ul style="list-style-type: none"> <li>Eligible employees may be reimbursed up to \$299 for an approved health club membership, <b>employee-only</b> (no family or add-ons).</li> <li>Employees who elect PAL time are NOT eligible for this option.</li> </ul>	<ul style="list-style-type: none"> <li>Eligible employees may receive <b>UP TO</b> sixteen (16) hours of PAL time.</li> <li>Employees may take PAL time at their discretion, provided the minimum PAL time used on a single day does not result in overtime. For example, an employee could take eight hours off on one day, four hours off on two days, etc.</li> <li>Employees who elect a health club membership reimbursement are <b>NOT</b> eligible for this option.</li> </ul>
FORMS	<ul style="list-style-type: none"> <li>Complete the <a href="#">Perfect Attendance Benefit Election Form</a> and <a href="#">Perfect Attendance Health Club Membership Reimbursement</a> form. Send these forms to the Employee Benefits and Services Division (EBS) via inter-office mail code to 0440 attention: PAL or email at <a href="mailto:mhm@hr.sbcounty.gov">mhm@hr.sbcounty.gov</a>.</li> <li>If requesting reimbursement, attach a copy of the paid health club membership receipt(s) and contract specifying the terms of membership to the reimbursement request form.</li> </ul> <p><b>NOTE:</b> Reimbursements will be made on membership purchased or monthly payments made after <b>January 1, 2023</b>. Only one reimbursement form may be submitted per employee.</p>	<ul style="list-style-type: none"> <li>Complete the enclosed <a href="#">Perfect Attendance Benefit Election Form</a>. Send the election form to EBSD via inter-office mail code to 0440 attention: PAL or via email to <a href="mailto:mhm@hr.sbcounty.gov">mhm@hr.sbcounty.gov</a>.</li> <li>When you are ready to use your PAL time, submit an eTime request on EMACS using TRC Code "PAL" for Paid Perfect Attendance Leave.</li> </ul>
DEADLINES	<ul style="list-style-type: none"> <li><a href="#">Perfect Attendance Benefit Election Forms</a> are due by <b>March 8, 2024</b>.</li> <li>Reimbursements must be submitted for payment by <b>September 30, 2024</b>.</li> </ul> <p>Failure to submit membership and reimbursement paperwork by <b>September 30, 2024</b>, will result in the employee receiving up to sixteen (16) hours of PAL time as a default selection that <b>must be used by December 13, 2024</b>. <b>NOTE: This benefit does not carry over into the next calendar year.</b></p>	<ul style="list-style-type: none"> <li><a href="#">Perfect Attendance Benefit Election Forms</a> are due by <b>March 8, 2024</b>.</li> <li>PAL time <b>must be used before December 13, 2024</b>. Employees who do not use PAL time before <b>December 13, 2024</b>, will forfeit all unused time. There is <b>NO cash-out</b> provision for unused PAL time.</li> </ul>
TAXATION	<p>In accordance with IRS regulations, this benefit is <i>taxable</i>. You are responsible for all taxes.</p> <hr/> <p>The dollar amount paid for the membership will be added to your W-2.</p>	

**Questions?** Please contact your Department Payroll Specialist or call EBSD at (909) 387-5787.