



**SICK LEAVE ADVANCE – Employee Request and Agreement (COVID-19)**

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Name: \_\_\_\_\_  
(Please print) (Employee ID Number) (Contact Phone)

Job Classification: \_\_\_\_\_ Department: \_\_\_\_\_

Due to the COVID-19, I request a Sick Leave Advance (not to exceed 75, 80 or 96 hours, depending on regular schedule) to cover my leave from:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Number of hours requested: \_\_\_\_\_

At its discretion, the Department may determine the type and how many leave hours to advance, which will be prorated for employees who do not work a full-time schedule.

I am requesting leave for the following circumstance related to COVID-19:

- \_\_\_ To care for myself
- \_\_\_ To care for a member of my family as defined by the applicable labor agreement
- \_\_\_ To provide childcare due to school closure from COVID-19

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I have read and understand the SICK LEAVE ADVANCE PROCEDURE. I understand that any sick leave advanced is a loan of time not yet earned that I am required to repay by forgoing accruing sick leave as it is earned, until such time as I have repaid the entire amount advanced. I further understand that as a condition of receiving a leave advance, I agree that if I separate from employment before fully repaying the leave advance, I will repay the remaining unpaid balance, if any:

- at the time of separation; I hereby voluntarily agree and authorize the City to deduct any remaining balance due from my final pay or other compensation due to me at separation, and
- if the amount due to me upon separation does not fully repay the remaining unpaid balance, I agree to repay the full remaining amount directly within 60 days of receipt of a demand for repayment.

Should I fail to repay any sick Leave advanced to me when due, I understand and agree that the City will take appropriate action to collect on the unpaid balance, which may subject me to additional costs and interest as allowed by law.

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

Return this completed form with your Request for Leave and Leave Protections form to your supervisor, manager, or department’s Single Point of Contact (SPOC).

Department SPOC/Designee:  Approved (Accrued Leave Exhausted)  Disapprove (Leave Balances)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Director/Designee:  Approved (Accrued Leave Exhausted)  Disapprove (Leave Balances)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place Official Employee Personnel Folder