

COUNTY OF GLENN COVID-19 LEAVE ADVANCEMENT PROGRAM



TEMPORARY COVID-19 SICK LEAVE ADVANCEMENT REQUEST AND AGREEMENT FORM

Confidential

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_
Job Title \_\_\_\_\_ Department \_\_\_\_\_ Phone # \_\_\_\_\_

According to provisions of the Temporary Sick Leave Disbursement and Advancement Program, I, \_\_\_\_\_, hereby request \_\_\_\_ hours of sick leave accruals advancement.

My signature below certifies that:

- 1. I am unable to be in the workplace because of a COVID-19 related health emergency (e.g., employee or qualifying family member);and
2. Taking such time off is operationally feasible (i.e., must be approved by the department head) and full-time telecommuting is not available; and
3. I have no remaining paid leave balances (including, but not limited to vacation, sick pay, compensatory time, floating holidays and in-lieu legal holidays).

I agree all sick leave accrued while on sick leave will be credited toward those sick leave hours advanced until such time as the County has recovered all of the sick leave hours advanced and that upon return from leave, all future sick leave accruals shall be credited toward those sick leave hours advanced until such time as the County has recovered all of the sick leave hours advanced.

Employee Signature

Date

Sick Leave Advancement: The County may advance up to forty (40) hours of paid sick leave to eligible full-time employees and pro-rated for eligible part-time employees. If the County advances sick leave to an employee, the employee will not accrue additional sick leave until the County has recovered the hours advanced (i.e. the employee's sick leave balance will be allowed to go negative and all future sick leave accruals shall be applied to that negative balance).

Submit original signed and completed form to: Department Head or designee.

To be completed by Department Head or Designee:

\_\_\_ Approved \_\_\_ Denied, Reason: \_\_\_\_\_

Department Head or Designee Signature

Date

To be completed by Personnel Director or Designee:

\_\_\_ Approved \_\_\_ Denied, Reason: \_\_\_\_\_

Personnel Director or Designee Signature

Date

Questions regarding this program should be directed to the Personnel Department: 530-934-6451