



Emergency Sick Leave Advancement Loan Request Form

To be completed and submitted electronically to the Human Resources Department to be eligible for Sick Leave Advancement Loan up to 80 hours

Full time City employees who have fully exhausted their vacation and sick leave balance may apply for a sick leave advancement loan up to 80 hours of sick leave if they meet one of the following categories:

- a. The employee is subject to quarantine or isolation orders related to COVID-19;
- b. The employee has been advised by a health care provider to self-quarantine;
- c. The employee is symptomatic or seeking a diagnosis of COVID-19 or caring for a family member who is symptomatic or has been diagnosed with COVID-19; or
- d. The employee is caring for a son or daughter under 18 years old if their school or daycare is closed or unavailable.

After returning to work full time, the employee who has received an advancement of the sick leave hours shall reimburse the City at the rate of four (4) hours of their sick leave accrual from each paycheck.

Please Print

Employee Name:		Employee ID Number:	
Department:	Phone:	Employment Date:	
Job Title:		Email:	

Number of Sick Leave Hours Requested _____

By submitting this form, I acknowledge that I have read and understand the Emergency Sick Leave Advancement loan terms and conditions and agree to abide by the same. I understand and agree, by signing this request, that I will repay the City the Sick Leave advancement loan at the rate of four (4) hours of my sick leave accrual from each paycheck upon returning to work until the loan is fully paid. I further understand if I leave City employment (due to voluntary or involuntary termination), I shall fully repay the City the Sick Leave loan amount requested above. I authorize the City to deduct the Sick Leave Loan balance owed to the City, from my paycheck and/or any other final payments due to me. I understand that, if sufficient funds are not available to satisfy the Sick Leave balance owed, I am legally obligated to pay the balance owed to the City by certified check, cash, or money order.

EMPLOYEE SIGNATURE: _____	DATE: _____
<u>Received by:</u>	
HR Representative (printed name): _____	
Signature: _____	DATE: _____