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

Name: _____   _____   _____
              (Please print)   (DSW ID Number)   (Contact Phone)

Address: _____   _____
                        (Street)   (City, State, ZIP)

Department: _____   _____
                          (Number)   (Department Name)

Due to the COVID-19, I request a ☐ **Sick Leave Advance** ☐ **Vacation Advance of _____ hours (not to exceed 80 hours) to cover my leave from:**

Dates of Leave: Start: _____   End: _____
(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: _____
_____
_____

I have read and understand the SICK LEAVE AND VACATION ADVANCE PROCEDURE. I understand that any sick leave or vacation advanced is a loan of time not yet earned that I am required to repay by forgoing accruing sick leave or vacation 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 replay the full remaining amount directly within 60 days of receipt of a demand for repayment.**

Should I fail to repay any sick Leave or vacation 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 from with your Request for Leave and Leave Protections form to your supervisor, manager, or department's human resources representative.

cc: Official Employee Personnel Folder

		Accrued Leave Exhausted	
(Personnel Officer/Designee)			
(Appointing Officer/Designee)		Yes	No (Deny)