**Sick Leave Advance Request Form – COVID-19**

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| Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Primary Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

In light of recent events, the organization is currently allowing employees to use all accrued leave balances as needed to care for themselves and their immediate family members. Additionally, note that eligible employees may qualify for protected leave under the Family and Medical Leave Act (FMLA), and for paid leave under State Disability Insurance (SDI) or Short-Term Disability Insurance. If you have exhausted all leave, the organization will advance you up to a maximum of 80 hours of sick leave upon your request. **Additionally, if you think you qualify for FMLA, SDI, or have additional questions, please contact your payroll coordinator.**

1. **Anticipated Begin Date of Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Anticipated Return to Work Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Advanced Sick Leave Hours Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By receiving these advanced sick leave hours, you acknowledge that you will not accrue additional sick leave hours until you earn back the advanced sick hours given to you. You may accrue these advanced sick leave hours back at half the regular rate, but this will result in a longer period of time before the hours are earned back. You further acknowledge that if your employment with the organization ceases for any reason (including, but not limited to, resignation, retirement, or termination) before you have earned back the advanced sick leave hours, you will owe the full value of all advanced sick leave not yet earned back via deduction from your final paycheck or in the form of a separate payment.

\_\_\_ I elect to pay back sick leave at **full accrual**

\_\_\_ I elect to pay back sick leave at **half accrual**

Employee Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_