County of Mendocino
Request for Advanced Sick Leave and Repayment Agreement

Sick Leave Advance Program (voluntary program): If a regular employee has exhausted all available sick leave, the employee may be granted a one-time advance of 80 hours of sick leave (prorated for part-time employees) specifically to address leave issues related to the COVID-19 Pandemic, according to the terms below.

Except as modified through this program, all County policies, procedures, regulations and Memoranda of Understanding remain in full force and effect. This is an emergency program of the County due to the COVID-19 Pandemic and is not intended to be a binding practice. This program is subject to change at any time, based on changing circumstances and information known about the COVID-19 virus. The County will notify employees of any changes to this program, should they occur, and will comply with all applicable laws regarding notice to bargaining units, as required.

This program is effective April 1, 2020; however, the advanced hours may be used in the pay period in which they are granted; no earlier than pay period 08-20, March 22, through April 4, 2020. Otherwise the effective date will be the pay period in which request was submitted and approved.

Reason for Leave:

_____ Closure of my child(ren)'s school(s) or child care provider(s) or the unexpected unavailability my child(ren)'s child care provider.

_____ I would like to follow guidance for the home-isolation of individuals over the age of 65 and those with chronic health conditions.

_____ Due to a legal shelter-in-place order issued by a federal, state, or local agency, official, governing body, or other entity.

_____ Within the last 14 days, I have returned from travel to or through areas with a Warning Level 3 or higher as defined by the Centers for Disease Control (CDC) or from travel on a cruise ship.

_____ Within the last 14 days, I have had close contact with affected individuals, defined as (a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case); or (b) having direct contact with infectious secretions of a COVID-19 case (*e.g.*, being coughed on).

_____ I am exhibiting symptoms (*e.g.*, fever [defined as 100.4° F [37.8° C] or greater using an oral thermometer), **and** respiratory illness (coughing, sore throat and/or shortness of breath) associated with COVID-19 or I have obtained a positive diagnosis of COVID-19.

_____ To care for a family member as defined under Family Medical Leave Act (FMLA) who is exhibiting symptoms of (*e.g.*, fever [defined as 100.4° F [37.8° C] or greater using an oral thermometer), **and** respiratory illness, (coughing, sore throat and/or shortness of breath) or who has obtained a positive diagnosis of COVID-19. The family member I am caring for:

_____
(Family Member's Relationship)

Repayment:
Commencing upon the granting of my request for a sick leave advance, and until the advanced sick leave hours are repaid, I agree that I will not accrue biweekly sick leave until the number of pay periods necessary to repay the 80 hours have passed. Typically for a full time employee in full pay status this will be18 pay periods.

Through the submission of this form and my signature below, I hereby request a one-time voluntary sick leave advance of 80 hours (or as prorated for part-time). I understand and acknowledge that I am required to repay the County these hours through the curtailment of sick leave accruals for approximately 18 pay periods of my request being granted. If I leave County employment for any reason prior to the full repayment of the sick leave advance, I consent to the withholding of the amount necessary to repay the County for the sick leave advance from my last paycheck. In the alternative, I may elect to exchange hours from my vacation accrual bank to repay the sick leave advance upon separation from the County.

Employee Name: (print) _____   Employee # _____

_____   _____
Employee Signature   Date

Contact Information:
Home Email address: _____
Phone Number: _____

Submit this form by email to:
Human Resources Email: HRmedleave@mendocinocounty.org

This section to be completed by Human Resources:
Request and Agreement for Sick Leave Advance is:

Approved _____   Effective Date: _____

Denied _____ for the following reason/s:

_____

_____

_____   _____
Human Resources Director (or designee)   Date

Number of Hours Granted: _____

Effective Date:_____   Pay period: _____