

CITY OF FRESNO
LEAVE ADVANCE REQUEST & REPAYMENT OF LEAVE AGREEMENT
COVID-19 EMERGENCY

ELIGIBILITY

While the City's declared emergency is in effect related to COVID-19 (Emergency Order 2020-02), any full time or permanent part time employee who has exhausted all of their accrued and available leave may request an advance of no more than 80 hours of their Sick Leave or Annual Leave bank to use for any of the below reasons associated with COVID-19. The employee will be required to complete the below written agreement to receive the leave advance, which must be repaid using any and all leave bank accruals, starting with the first monthly accrual after entering into this agreement, until repaid in full.

REQUIRED SUPPORTING DOCUMENTS

The requesting employee will be required to submit a medical note with this request that substantiates that the employee or employee's qualifying family member:

- Has been exposed to or diagnosed with COVID-19 and/or subject to self-quarantine; or,
- Has an underlying medical condition that may increase their risk for serious medical complications due to COVID-19 as determined by U.S. Centers for Disease Control and Prevention (CDC) guidelines and notices.

For school/child care closure, the employee will be required to submit proof of closure.

REQUEST

NUMBER OF SICK OR ANNUAL LEAVE HOURS REQUESTED _____

FOR THE FOLLOWING REASON:

_____ School/childcare closure to care for my minor child(ren).

_____ I have been ordered to self-quarantine by a licensed medical provider or the Fresno County Health Department, or I have returned from travel in an area with a Warning Level 3 or higher as defined by the CDC.

_____ I am exhibiting symptoms related to COVID-19.

_____ I have an underlying medical condition that increases my risk for serious medical complications due to COVID-19 as determined by the CDC guidelines and notices.

_____ I am caring for a qualifying family member who has been ordered to self-quarantine by a licensed medical provider or the Fresno County Health Department, or caring for a family member who is exhibiting COVID-19 symptoms.

REPAYMENT OF FUTURE LEAVE ACCRUALS AGREEMENT

I understand and fully agree and acknowledge that I am required to repay the City all of the hours of leave I requested to be advanced from future leave earned or accrued (as set forth above) beginning _____, 2020, until the leave advanced is repaid in full. If for any reason I leave City employment prior to the full repayment of the leave advance, I hereby knowingly consent to the withholding of the amount necessary to repay the City for the leave advance from my last paycheck. If any amount remains due after these deductions, I agree to pay the remaining balance back to the City within 19 business days of my date of separation from City employment

Employee Name (Print): _____

Employee ID: _____

Employee Signature: _____

Date: _____

FOR USE BY DEPARTMENT DIRECTOR OR AUTHORIZED DESIGNEE:

Leave advancement to commence on this date: _____

Dept. Director or Designee (Print): _____

Dept. Director or Designee Signature: _____

Date: _____