



County of Fresno

DEPARTMENT OF HUMAN RESOURCES
PAUL NERLAND
DIRECTOR

REQUEST FOR ADVANCED LEAVE PAY & AGREEMENT FOR REPAYMENT

ELIGIBILITY

In the event an employee has exhausted all annual leave, vacation/sick leave, compensatory time, or other paid leave, and needs leave for reasons associated with COVID-19, the employee may request to be advanced up to 160 leave hours. Based on mutual written agreement between the employee and the County, all leave time advanced must be repaid over 26 pay periods beginning payroll year 2021, which begins December 14, 2020.

REQUIRED SUPPORTING DOCUMENTS

Along with this request form, employees will be required to submit a medical note that substantiates that the employee or employee's qualifying family member has COVID-19 or an underlying medical condition that may increase their risk for serious complications due to COVID-19. For school/child care closure, the employee may be required to submit proof of closure.

NUMBER OF HOURS REQUESTED TO BE ADVANCED: _____

EMPLOYEE SECTION:

REASON:

I request to be advanced the above number of hours of leave for the following reason:

- ☐ School/Child Care Closure
- ☐ I have been ordered to Quarantine by a medical professional and have exhausted the 14 days of Administrative time off.
- ☐ Self-Quarantine: I have a serious health condition associated with COVID-19 and have exhausted the 14 days of Administrative time off.
- ☐ I am caring for a qualifying family member with a serious health condition related to COVID-19.

REPAYMENT AGREEMENT:

I understand and agree to my accrued hours being reduced over 26 pay periods, beginning December 14, 2020, until the leave advanced is repaid in full. If for any reason I leave County employment prior to the full repayment of the leave advance, I consent to the withholding of the amount necessary to repay the County 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 County within 10 business days of my date of separation from County employment. I understand that any failure to repay the County will result in the County having to proceed with legal action to recover the advancement.

Employee Name (Print): _____ Employee ID: _____

Employee Signature: _____ Date: _____

FOR USE BY DEPARTMENT HEAD OR AUTHORIZED DESIGNEE:

Advancement to commence on this date: _____

Dept. Head or Designee (Print): _____ Dept. Name: _____

Dept. Head or Designee Signature: _____ Date: _____