



COUNTY OF SAN LUIS OBISPO  
 DEPARTMENT OF HUMAN RESOURCES  
**SICK LEAVE ADVANCE REQUEST FORM FOR COVID-19**

**SECTION 1: REQUEST (To be completed by the EMPLOYEE)**

Employee Name: _____	Employee Number: _____	Today's Date: _____
Department: _____	Job Title: _____	Primary Email: _____

In light of recent events, the County of San Luis Obispo 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 County 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: \_\_\_\_\_

*NOTE: Advanced sick leave will only be granted if you have exhausted all other leave balances. A maximum advance of 80 hours will be granted.*

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 County of San Luis Obispo 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 back at half the accrual

I request advanced sick leave as described above:

Signature of Employee	Date
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*If for any reason you are unable to print and sign this document, please fill out the form to the best of your ability and email to [AC County-Payroll@co.slo.ca.us](mailto:AC County-Payroll@co.slo.ca.us) with written acknowledgement that you understand and accept the terms of this agreement.*

The County's overall goal is to remain flexible and put our employees first. If you have questions or concerns regarding earning your sick leave balances back, or repaying your sick leave balances, please contact Human Resources.