

SICK LEAVE OR VACATION ADVANCE (COVID-19)

Program

This Program is intended to protect the health and welfare of the County and its workforce and mitigate the financial impact to employees during the County's Public Health Emergency related to COVID 19. This program is put in place in response to Emergency conditions and will cease to have effect once the Emergency is over or at an earlier time as determined by the County. Participation in this program is granted at the discretion of the County and employees may be denied based on specific circumstances in the interest of the County. This program is subject to change by the County at any time. Employees must fill out the application and agreement below in order to be considered for the program.

Sick and Vacation Leave Advancement:

The County may advance up to 80 hours of paid sick leave or vacation to eligible employees. Extra-help employees who are represented by AFSCME and SEIU may request up to twenty (20) hours of sick leave or vacation leave. If the County advances paid sick leave or vacation to an employee, the employee will not accrue additional paid sick leave or vacation until the County has recovered all the hours advanced (e.g., if a full time employee is advanced 40 hours of sick leave with pay, the employee will forgo earning the 3.7 hours of paid sick leave per pay period until the 40 hours is returned to the County). Advanced leave that is unused by the end of the COVID 19 Public Health Emergency, will be taken back from the employee's accrued leave bank and the schedule of repayment of hours will be adjusted accordingly. If an employee leaves the County for any reason prior to the County's recoupment of all the advanced hours, the employee will be required to repay the County for the value of the advanced leave.

The advanced paid sick leave can be used for a health related reason associated with COVID 19 (e.g. employee or qualifying family member who requires care is diagnosed or has symptoms consistent with COVID-19; employee has been instructed to quarantine by a healthcare provider; employee has been exposed or is at a high or medium risk level of exposure to someone with confirmed COVID 19 pursuant to CDC guidelines).

The advanced vacation hours can be used for additional circumstances related to COVID 19 (e.g. the need to stay home with children due to a COVID 19 related school closure). Please note: the use of advanced vacation hours is subject to the approval of the employee's department head or designee and will be based on department needs. Given the current state of emergency, even employees utilizing paid leave may be called in to service by the County.

Eligible Employees:

Regular Employees who have exhausted or will soon exhaust sick leave or vacation leave balances and need additional paid leave hours are generally eligible upon approval by the County. Extra-help employees who are represented by AFSCME and SEIU may request up to twenty (20) hours of sick leave or vacation leave.

How to Participate:

Return this completed form to payroll@smcgov.org and cc your manager and personnel/payroll specialist.



Controller's Office Review

SICK LEAVE OR VACATION ADVANCE (COVID-19)

County of San Mateo Employee Application and Agreement

Name:	Emr	oloyee ID #:	Contact Phone:
Department:	partment:Position:		
Due to COVID-19 issues, I requ (not to exceed 8	est a SICK LEAVE ADVANG 80 hours) to cover my leave		
I have read and understand this doc requirements and limitations set for		·	, •
I certify that the advanced leave req leave is an act of misconduct subject		poses set forth above	e in the Program and that misuse of such
I understand that any sick leave or vaccruing sick leave or vacation as it i			at I am required to repay by forgoing amount advanced.
I understand that if I have not used to unused advanced leave from my lea	·		nergency that the County will take the ordingly.
I further understand that as a condit repaying the leave advance, I will re	-	= -	arate from employment before fully
my final pay or other compand if the amount due to m	ensation due to me at separation	on,	o deduct any remaining balance due from g unpaid balance, I agree to repay the full
understand and acknowledge that if	unpaid balance, which may sub f I leave County employment fo	oject me to additional r any reason before u	and agree that the County will take costs and interest as allowed by law. I also sing all of the advanced hours, that any dvanced sick leave hours will not convert into
Signature:	re:Date:		
Return this completed form	to payroll@smcgov.org a	nd cc your manag	ger and personnel/payroll specialist.
DEPARTMENT REVIEW: Comments:	Approved	Rejected	
Manager's Signature			Date
cc: Employee's Personnel Folder			
	Pay Period Hours	were Added	Accrued Leave Exhausted

No (Deny)

Yes