

Special Leave Borrowing Program

Employees wishing to participate in the special leave borrowing program need to complete and return this form to their supervisor. Requests must be completed within 30 days of returning to work to be considered timely. Please print.

Name	Employee ID #
Department:	Division:

Check your bargaining union:

- | | | | |
|--|--|--------------------------------|--|
| <input type="checkbox"/> AFSCME Local 88 | <input type="checkbox"/> Loc 48 (Electrical) | <input type="checkbox"/> MCCDA | <input type="checkbox"/> ONA |
| <input type="checkbox"/> AFSCME/Juv Cust Serv Spec | <input type="checkbox"/> Loc 701 (Engineers) | <input type="checkbox"/> MCDSA | <input type="checkbox"/> AFSCME/Physicians |
| <input type="checkbox"/> FOPPO | <input type="checkbox"/> Local 1094 (Painters) | <input type="checkbox"/> MCPAA | <input type="checkbox"/> AFSCME/Dentists |

I am applying to borrow leave from future accruals to cover leave without pay. The number of hours I am requesting to borrow is _____ to cover leave without pay on the following dates and for the hours listed.

Requests will be considered timely if submitted no later than thirty (30) calendar days following return to work.

- I have read the Memorandum of Exception Leave Borrowing Program.
- I meet the following criteria:
- I hold a full or part time trial service/probationary or regular position with the County and is entitled to accrue sick and vacation leave.
- The absence will result in all, or a portion, of the time charged as leave without pay, and
- Either,
 - The myself or a member of the my immediate household has symptoms of flu-like illness or is recovering from flu and is within the time period for staying home as recommended by the CDC,
- or-
- I have a child whose school or childcare facility has been closed by a public official due to COVID - 19.
- I understand my future accruals of sick and vacation time will be used to pay back the negative balance I will get by borrowing sick and vacation leave.
- If I terminate employment prior to paying back the hours, it will be deducted from my final paycheck.

Employee Signature: _____ **Date:** _____

Supervisor Response:

- Approved Denied (Does not meet Eligibility Requirements.)
- Modified (provide brief explanation):

(see back page)

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Supervisor Signature: _____ *Date:* _____

After the form has been signed by both the employee and the supervisor, both need to retain copies and send the original to your Department HR Office.