

Advanced Leave Request Form

Instructions

In response to COVID-19, an advanced leave program has been created to assist impacted employees. This temporary donation program is in addition to the existing leave programs and is designed to provide some relief to employees that meet certain criteria. Key points of the program include the following:

Employees requesting advanced leave must meet the following guidelines:

- Employees must have exhausted all available leave to include annual, sick and compensatory.
- Forms may be completed by the Employee or a designee (i.e., family member, supervisor, personnel, or payroll).
- Employees may only receive a maximum of 80 hours and a minimum of 40 hours of advanced leave
- Employees may request to have either annual or sick leave advanced.
- Upon return to work, advanced leave repayment will be made at a rate of 50% of the leave accrued.
- Advanced annual leave is repaid with annual leave and advanced sick leave is repaid with sick leave.
- To be eligible, employees must use advanced leave directly linked to COVID-19 for at least one of the following reasons (Please indicate your reason below):
 - Diagnosis of COVID-19 for employee or qualifying family member
 - Employee’s child’s school closure and unable to telework
 - High risk group and unable to telework
 - Self-quarantine using CDC guidelines and unable to telework
 - Employee with flu-like symptoms of COVID-19
- Questions and completed forms can be emailed to personnel@montgomeryal.gov sent by (interoffice mail: Personnel Department).

Employee Requesting Advanced Leave for COVID-19 Event		
Employee Requesting:	Employee ID:	
Advanced Hours:	Annual Hours:	Sick Hours:
Employee’s Signature:	Date:	Department:
<i>I certify that I have met at least one of the qualifying reasons listed above and that I will only use the COVID-19 donations received for absences related to COVID-19. I acknowledge that if my certification is false, I may be disciplined and I will be asked to pay back any leave taken.</i>		

Personnel Department Use Only		
Date form received:	Confirm eligibility to receive: Yes No	
Personnel Department	Signature	