



City of Portland COVID-19 Response Leave Sharing Application

This form is to be completed and submitted by the employee requesting to receive donated leave due to an absence from the workplace related to the current state of emergency after all leave has been exhausted.

*Employee completes and submits the application to the leave sharing inbox at **Benefits@portlandoregon.gov**. The Bureau of Human Resources COVID-19 Response Leave Coordinator forwards all documentation to the COVID-19 Response Leave Sharing Program Designee for processing.*

Employee Name _____ Personnel Number _____

Bureau _____ Position Title _____

Read and initial your understanding and acceptance of each requirement:

- ___ 1. I request permission to use donated COVID-19 Response leave. I will exhaust all earned leave credits (personal holidays, deferred holidays, vacation, sick leave or sick time, management leave, and compensatory time).
- ___ 2. I meet the eligibility requirements listed in the COVID-19 Leave Sharing Program outline. My qualifying reason for leave is: *(please check applicable box below)**
- a. falls under the latest Center for Disease Control's (CDC) definition of a high-risk individual and there is no telework option available for me to perform my job duties;
 - b. is diagnosed with an infection disease;
 - c. is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
 - d. is subject to a federal, state or local quarantine or isolation order related to COVID-19;
 - e. has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
 - f. is required to provide care for an impacted dependent (to include the need to care for a child whose school or daycare is closed); or
 - g. whose regular work location is closed, there is no telework and there is no other suitable work for me to perform.
- * For reasons b, c, or e above, provide the name of the diagnosing or advising health care provider:
- ___ 3. I understand that an employee may receive up to a maximum number of hours of leave donations due to the COVID-19 National, State, and City declared state of emergency, as listed in the program outline.
- ___ 4. I understand I may only receive donated leave under this program up to the amount of time I am unable to work and am in an unpaid status.
- ___ 5. I understand that donated leave may not be used to extend my employment beyond the point that it would otherwise end by operation of law, rule or regulation. (For example, if I would have otherwise been terminated due to layoff or other reasons, donated leave may not be used to extend my employment.)
- ___ 6. I understand that when I am using donated leave, I am not on "pay status" and do not accrue personal holidays, vacation, or sick leave benefits nor do I earn pay for holidays. However, if I am otherwise eligible for City-paid health benefits, I understand that I will continue to receive those benefits while using donated leave.
- ___ 7. I will contact my Bureau of Human Resources Business Partner upon my return to work. At that time, any donated leave which was approved but not used will be returned to the COVID-19 Response Leave bank.

Employee signature _____ Date _____