City of Portland
Advance Leave Application

☐ **New Request**   ☐ **Revision/Extension**

Effective Date of Leave:_____

DCTU, LiUNA & PROTEC17 represented employees only

BEFORE requesting Advance Leave:

- **You must be on an approved leave for a COVID-related reason**
- **All other paid leave options must first be exhausted, including any available FFCRA Emergency Paid Sick Leave (E-PSL), your own paid leave accruals, and donated leave from the COVID-19 Response Leave-sharing program (600 hours for high risk individuals and 240 hours for all other qualifying reasons)**

NUMBER OF HOURS REQUESTING:

- The maximum number of advanced sick leave hours is 104 hours total and advanced vacation hours is 120 hours total.
- Borrowing vacation is only available <u>after</u> 104 hours of sick leave has been borrowed and exhausted

Sick Leave (maximum 104 total hours allowed)	**Vacation** (maximum 120 total hours allowed)
_____ # of hours requested	_____ # of hours requested

EMPLOYEE INFORMATION *(Type or Print)*

Name:	Personnel Number:
Home Address:	
Home Phone: Home Email (*optional*):	
Bureau/Office:	Work Phone:

EMPLOYEE ACKNOWLEDGEMENT

- **I understand that I must complete the attached Repayment Form. In order to take advanced leave a corresponding negative Advanced Leave bucket (sick and/or vacation) will be set up to track the advanced accruals and will be adjusted based on the repayment method chosen.**

- **I agree to have the value of any outstanding advanced leave deducted from my final paycheck, if I leave employment with the City, for any reason; and including any amounts that may still be owed. Actual outstanding balance amount to be deducted and/or determined will be based on SAP calculations.**

- **I understand that in the case of my own COVID-19 health condition, I will not be permitted to resume my position with the City until I provide a Release to Return to Work letter from my health care provider, or I have met all of the requirements for discontinuing isolation according to the most recent recommendations from the Multnomah County Health Authority.**

- **I understand that I may not work elsewhere, including self-employment, during the same period for which I am receiving advanced leave provided by the City.**

- **While on leave, I understand my group health coverage will be maintained and I must continue to make any normal contributions, if applicable, unless I elect to discontinue coverage (for questions, contact the Benefits Office, 503-823-6031).**

☐ **Check this box to certify you have read and understand the above conditions for advanced leave.**

Employee Signature	**Date**

SUPERVISOR ACKNOWLEDGEMENT – *Your signature also certifies the employee is unable to work or telework*

Supervisor Name (Type or Print)	
Supervisor Signature	**Date**

Employee Repayment Form

Employee Name:_____   **Date:**_____

PERNR #_____

1. **Repayment is based on the rate of pay when leave is advanced, listed as the Effective Date of Leave on the Advanced Leave Application. Total number of hours being repaid must match total number of hours advanced.**

# of Sick Leave Hours	# of Vacation Hours	Total # of Hours	Rate of pay	Estimated total $ amount

♦ **Check the box(es) in #2, #3 _or_ #4 below which describes the employee deduction agreement:**

2. **Employee agrees to have repayment deducted from their paycheck. Estimated amount provided by bureau in #1 above. Actual amount to be deducted will be based on SAP calculations**

☐ Employee requests amount of repayment from #1 be deducted in equal amounts over the next _____biweekly pay periods. Biweekly deductions cannot exceed a period of 24 months from the last date of advanced leave usage. $_____ will be deducted from each paycheck beginning with the first paycheck following correct completion and submission of this form. Employee agrees that if they leave City employment the remaining balance due will be deducted from their final paycheck. Amounts are deducted post-tax. Corresponding Advanced Leave bucket(s) will be zeroed out upon full repayment.

3. **Employee agrees to have repayment paid via leave accruals.**

☐ Employee agrees to have newly accrued corresponding leave posted to the Advanced Leave bucket(s) to pay back the negative balance. Once the negative balance has been repaid new leave accruals will return to being posted in the appropriate regular sick or vacation buckets.

4. **Employee agrees to have repayment paid via a combination of repayment deducted from their paycheck _and_ leave accruals. Estimated amount provided by bureau in #1 above. Actual amount to be deducted will be based on SAP calculations. (both boxes below must be completed)**
Employee requests amount of repayment from #1 be deducted in equal amounts over the next

☐ _____biweekly pay periods. Biweekly deductions cannot exceed a period of 24 months from the last date of advanced leave usage. $_____will be deducted from each paycheck beginning with the first paycheck following correct completion of this form. Employee agrees that if they leave City employment the remaining balance due will be deducted from their final paycheck. Amounts are deducted post-tax. Advanced Leave bucket(s) will be adjusted appropriately.

☐ Employee agrees to have_____ hours of Sick leave accruals and/or_____ hours of Vacation leave accruals they earn post in the similar Advanced Leave bucket(s) to pay back the negative balance. Once the negative balance has been repaid then new leave accruals will return to being posted in the corresponding sick or vacation buckets.

Employee's signature authorizes that if they leave City employment the remaining balance due will be deducted from their final paycheck.

Authorizations:

Employee Signature:_____**Date:** _____

Timekeeper/OBPA Name/Signature:_____/_____**Date:** _____

Bureau Manager Name/Signature:_____/_____**Date:** _____

Employee Repayment Requirements & Process

Requirements
1) Employees requesting Advance Leave must complete the Advance Leave Application and Employee Repayment Form
2) Employees must give their permission to make corrections which result in a deduction in the employee's pay prior to the adjustment being made.

Employee

1)   Complete and sign both the Advance Leave Application and Employee Repayment Form. Please see your Timekeeper with any questions. Submit completed form to your Timekeeper.

Example for filling out the Repayment form:

Completed on Advance Leave Form:

NUMBER OF HOURS REQUESTING:
- The maximum number of advanced sick leave hours is 104 hours total and advanced vacation hours is 120 hours total.
- Borrowing vacation is only available *after* 104 hours of sick leave has been borrowed and exhausted

Sick Leave (maximum 104 hours total allowed)	Vacation (maximum 120 hours total allowed)
104 # of hours requested	120 # of hours requested

If you borrowed 224 hours (104 sick leave and 120 vacation) these are the 3 ways you could repay it:

A. Pay back as a payroll deduction over the next 24 months (52 pay periods). Complete Repayment form as follows:

Employee Name: John Smith   Date: 2/11/2021

PERNR # 123456

1. Repayment is based on the rate of pay when leave is advanced listed as **Effective Date of Leave** on Advance Leave Application. Total number of hours repaying must match total number of hours advanced.

# of Sick Leave Hours	# of Vacation Hours	Total # of Hours	Rate of pay	Estimated total $ amount
104	120	224	25.00	$ 5,600.00
		0		$ 0.00
		0		$ 0.00

♦   Check the box(es) in #2, #3 *or* #4 below which describes the employee deduction agreement:

2. Employee agrees to have repayment deducted from their pay. Estimated amount provided by bureau in #1 above. Actual amount to be deducted will be based on SAP calculations

� Employee requests amount of repayment from #1 be deducted in equal amounts over the next 52   biweekly pay periods. Biweekly deductions cannot exceed a period of 24 months from the last date of advanced leave usage. $ 107.70   will be deducted from each paycheck beginning with the first paycheck following correct completion of this form and prior period adjustments to employee's records in SAP. Employee agrees that if they leave City employment the remaining balance due will be deducted from their final paycheck. $ are deducted post-tax. Advanced Leave bucket(s) will be zeroed out.

B. Pay back via leave accruals. This means that as you earn new leave accruals they will post to the negative Advance Leave bucket(s) to pay them back until balance is down to zero. Complete Repayment form as follows:

Employee Name: John Smith   **Date:** 2/11/2021

PERNR # 123456

1. Repayment is based on the rate of pay when leave is advanced listed as Effective Date of Leave on Advance Leave Application. Total number of hours repaying must match total number of hours advanced.

# of Sick Leave Hours	# of Vacation Hours	Total # of Hours	Rate of pay	Estimated total $ amount
104	120	224	25.00	$ 5,600.00
		0		$ 0.00
		0		$ 0.00

♦ Check the box(es) in #2, #3 *or* #4 below which describes the employee deduction agreement:

3. **Employee agrees to have repayment paid via leave accruals.**

■ Employee agrees to have leave accruals they earn post in the Advanced Leave bucket(s) to pay back the negative balance. Once the negative balance has been repaid then new leave accruals will return to being posted in the appropriate regular sick or vacation buckets.

C. Pay back via a combination of payroll deduction and leave accruals. Complete Repayment form as follows:

Employee Name: John Smith   **Date:** 2/11/2021

PERNR # 123456

1. Repayment is based on the rate of pay when leave is advanced listed as Effective Date of Leave on Advance Leave Application. Total number of hours repaying must match total number of hours advanced.

# of Sick Leave Hours	# of Vacation Hours	Total # of Hours	Rate of pay	Estimated total $ amount
104	120	224	25.00	$ 5,600.00
		0		$ 0.00
		0		$ 0.00

♦ Check the box(es) in #2, #3 *or* #4 below which describes the employee deduction agreement:

4. **Employee agrees to have repayment paid via a combination of repayment deducted from their pay and leave accruals. Estimated amount provided by bureau in #1 above. Actual amount to be deducted will be based on SAP calculations. (both boxes below must be completed)**

■ Employee requests amount of repayment from #1 be deducted in equal amounts over the next __52__ biweekly pay periods. Biweekly deductions cannot exceed a period of 24 months from the last date of advanced leave usage. $ 69.24 will be deducted from each paycheck beginning with the first paycheck following correct completion of this form and prior period adjustments to employee's records in SAP. Employee agrees that if they leave City employment the remaining balance due will be deducted from their final paycheck. $ are deducted post-tax. Advanced Leave bucket(s) will be adjusted appropriately.

■ Employee agrees to have __40__ hours of Sick leave accruals and/or __40__ hours of Vacation leave accruals they earn post in the similar Advanced Leave bucket(s) to pay back the negative balance. Once the negative balance has been repaid then new leave accruals will return to being posted in the appropriate regular sick or vacation buckets.

Timekeeper

Process Trigger: Receive Advance Leave Application from employee

1) Timekeeper will confirm the forms are completed correctly and signed by the employee. Confirm that repayment amounts and rate of pay are accurate.

2) Confirm appropriate Manager signatures are on both forms.

3) Email the completed forms to the Outlook address "Inbox, SAP BHR".