

City of Austin
COVID-19 Sick Leave Donation Request Form

I hereby request the ability to use donated sick leave for eligible COVID-19 circumstances. As required, I have exhausted all of my other paid leave options.

I am in need of donated sick leave for one of the following identified reasons:

- I am sick with a COVID-19 related illness
- I am caring for a sick family member's COVID-19 related illness
- Care for my child(ren) due to daycare closure caused by COVID-19
- Other, please identify need: _____

I understand that if there is not enough donated sick leave available, I may not receive enough paid sick leave sufficient to cover my necessary time away from work. I understand that depending on the number of requests, donated sick leave time may be divided among the number of employees requesting donated sick leave on an on-going basis.

I understand that the maximum number of donated sick leave hours available to be used for COVID-19 is 160; and that the number of hours actually received will be dependent on need and the number of hours available to be distributed.

I understand that the donated sick leave policy for COVID-19 may be revised, altered or discontinued as necessary at any time at the sole discretion of the City of Austin.

I understand that there is no continued promise to pay to me any outstanding sick leave under the current terms of this policy if it is revised, altered or otherwise discontinued.

Printed Name

Signature

Date

Approved

Date