

ADVANCED SICK/ANNUAL LEAVE REQUEST FORM

Email completed form to Benefits.ServiceRep@ventura.org

While the County's Continuity of Operations pandemic policies are activated, an employee who becomes ill and does not have sufficient sick, vacation, or annual leave banks to cover the period of illness can request an advancement of up to 40 hours of sick/annual leave.

DATE: _____

EMPLOYEE'S NAME: _____

EMPLOYEE'S ID NUMBER: _____

EMPLOYEE'S AGENCY/DEPARTMENT: _____

I request _____ (number) hours of Advanced Sick/Annual Leave.

I confirm that these hours are needed because of my illness and absence due to a medically-documented pandemic or infectious disease.

I confirm that I have exhausted all sick, vacation, and annual leave prior to this request. I also agree to repay the advanced sick/annual leave through forfeiture of all earned sick/annual leave until such time the advanced sick/annual leave is repaid in full. Advanced Sick/Annual Leave is limited to 40 hours.

My signature indicates that I fully understand and agree to the above conditions.

Employee's Signature

Date