

Dept # \_\_\_\_\_

**County of Lake**  
**Office of the Auditor-Controller/County Clerk**  
**Sick Leave Advance (SLA) – Pay Code 04 / Project Code COVIDA**  
**COVID-19**

To: Payroll

Employee: \_\_\_\_\_

Per Board of Supervisors Resolution No. 2020-34, effective April 21, 2020, I am requesting an advance of up to 80 hours of sick leave for use during the COVID-19 crisis, with permanent part-time employees receiving prorated advances of sick leave.

I certify that I have exhausted all available leave balances.

I certify that I am not currently on an approved leave of absence.

I understand that the requested hours of sick leave advance will be repaid over the next ten (10) pay periods, with no further accruals during the repayment period.

I understand that if terminated with a SLA balance due, the final repayment will occur with my last pay check.

Requested number of Sick Leave Advance Hours: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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I have reviewed this employee request and approve the facts as stated.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

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Payroll Use Only

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Date Code Set Up

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PR Deputy Initials