

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