

**CITY OF EUGENE
APPLICATION TO RECEIVE LEAVE DONATIONS
FOR MAJOR DISASTER – COVID-19**



Regular and Limited Duration Employees

SECTION I

Name (Last, First MI.)

Employee ID Number

Department/Division

Employee Work Phone

Supervisor

Supervisor Work Phone

- ♦ Hours of Leave Without Pay Anticipated for this Emergency (up to 80 hours, or 2-week average hours normally worked):

- ♦ Anticipated Dates of Leave: _____
- ♦ Use of Leave
 - Consecutive
 - Intermittent (such as a reduced schedule)

SECTION II

I request permission to receive and use donated leave. I affirm that I meet the criteria listed below:

1. I am on leave and adversely affected by this declared major disaster, COVID-19;
2. I have exhausted or will exhaust all accrued accumulated leave (Sick, Vacation, Shift Holiday, PTO and Be Well Day) before I begin receiving leave donations;
3. I have had a conversation with my supervisor exploring options of remote work, alternative schedule and reduced hours and determined that these options will not alleviate the need for donated leave; and
4. I am not eligible for any other income derived from my employment with the City of Eugene, including but not limited to workers' compensation, Social Security, PERS disability retirement, or long-term disability benefits.

SECTION III

I agree to notify the Employee Resource Center immediately if there is any change in my circumstances which negates my eligibility to receive a leave donation.

I understand that once I have exhausted my accruals, donations will be processed out of a shared bank of donations received by the Employee Resource Center so as to maintain my regular salary and benefits. This will continue as needed per this request until I reach the maximum donation outlined in the Policy, as long as there are banked donations available and I do not qualify to receive income from another source derived my employment with the City of Eugene.

I understand that any leave I accrue while eligible for donated leave will be used prior to additional donated leave being processed.

I understand that any leave donated to me may not be used to extend my employment beyond the point that it would otherwise terminate under City policy and/or union contracts.

I understand I will not receive donations beyond what is needed to maintain my salary and benefits. Once my need is met or I meet the maximum donation outlined in the policy, additional donations will not be processed. The names of all donors will remain confidential.

I have read and understand all the information presented in this application.

Employee Signature

Date

Please forward this form to the Employee Resource Center
940 Willamette St, Suite 200, Eugene, OR 97401
Please email BenefitsStaff@eugene-or.gov if you have questions.

TO BE COMPLETED BY ERC SPECIALIST TEAMS

Regular or Limited Duration employee? Yes _____ No _____

Leave Balances at the End of Last Pay Period (End Date - _____):

Sick Leave _____ Vacation _____ PTO _____ Shift Holiday _____ Be Well Day _____ Total _____

Eligible for Leave Donations? Yes _____ No _____

Comments: _____

ERC Signature _____

Date: _____