



**State of Delaware
Department of Human Resources**

COVID-19 BORROW-AHEAD LEAVE AGREEMENT FORM

Policy #: To be assigned	Authority: Declaration of the State of Emergency for the State of Delaware Due to a Public Health Threat
Effective Date: April 5, 2020	Supersedes: Merit Rule 5.3.7

SECTION A: Borrow-Ahead Leave Information

Borrow-Ahead Leave is only available for employees with a zero balance (including sick and annual leave, compensatory time, and floating holidays). This agreement is a temporary form for use during COVID-19.

Employee Name: _____ **Department/Division:** _____

Full-time employee **Part-time employee** **Years of Service:** _____ **Date:** _____

Leave Hours Requested: # Sick Leave (hours) _____ # Annual Leave (hours) _____

Reasons to Borrow Sick and/or Annual Leave (check the box that applies):

- Employee is unable to work and unable to telecommute because the employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- Employee is unable to work and unable to telecommute and has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 or is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- Employee is unable to work and unable to telecommute and needs to care for an immediate family member subject to Federal, State, or local quarantine or isolation order related to COVID-19.
- Employee is unable to work and unable to telecommute and needs to care for an immediate family member advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- Employee is unable to work and unable to telecommute and needs to care for the employee's child under 18 years old whose school or place of care is closed or whose school or place of care is closed or whole child care provider is unavailable due to COVID-19 related reasons.

SECTION B: Employee Certification

I have read and understand the attached COVID-19 Borrow-Ahead Leave Procedure and agree to the duties, obligations, responsibilities and conditions to borrow sick and/or annual leave described therein. I attest that my sick, annual, floating holidays, and compensatory time leave is exhausted, and understand that I am borrowing leave in the amount indicated on this form not to exceed the amount of leave to be accrued before December 31, 2020 or the maximum allowable leave I am authorized to borrow. I understand the leave borrowed shall be taken from future accruals. If I should leave State employment, I authorize the State to withhold the salary equivalent amount of used but unaccrued days off from my final paycheck should that be necessary.

I understand that borrowing leave ahead of accrual is voluntary and I may stop at any time and that any leave borrowed and used will be subtracted from my available leave balance. I also understand that management may, at any time, change any or all the conditions under which I am permitted to borrow ahead, or withdraw permission temporarily or permanently without cause or explanation.

CSECTION C: Signatures

Employee Signature:

Date:

Supervisor Name:

Supervisor Approval:

Date:

Agency HR Representative Approval

Request Approved

Request Denied Reason for Denial:

HR Representative Signature:

Date:

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.