



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

City Temporary Employees

SECTION I

Name (Last, First MI.)

Employee ID #

Employee Phone

Employee Email (optional)

Department/Division

Supervisor

Supervisor Work Phone

- Hours of Leave Without Pay Anticipated for this Emergency (up to 40 hours total of scheduled work):

- Anticipated Dates of Leave (Include Days scheduled/Hours per scheduled day):

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 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 to maintain my regular salary. 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 from 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.

I understand I will not receive donations beyond what is needed to maintain my salary. 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

Employees should send the signed form to their supervisor.

Supervisor Signature

Date

Supervisors: Please confirm scheduled days/hours required for COVID Leave, then send the completed form to Employee Resource Center at 940 Willamette St, Suite 200, Eugene, OR 97401, or via email to BenefitsStaff@eugene-or.gov, or by fax to 541-650-3032, or by courier.

Please contact BenefitsStaff@eugene-or.gov if you have questions.

TO BE COMPLETED BY THE ERC

City Temporary employee? Yes _____ No _____

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

Available OST in PP _____ Leave Donations Used to date: _____

Eligible for Leave Donations? Yes _____ No _____ Supv/TK Notified Date/Initials: _____

Comments:

ERC Signature _____

Date: _____