



**HUMAN RESOURCES  
& DEVELOPMENT**  
T U L A R E C O U N T Y

**COUNTY OF TULARE  
AGREEMENT FOR REPAYMENT OF ADVANCED LEAVE PAY**

In the event an employee has exhausted all vacation, sick leave, compensatory time off, Personal Holiday, and Administrative Time, an employee may be advanced up to 40 or 80 hours of sick leave, as listed below. For Tulare County Fire Department (TCFD) employees working a 56-hour work week, employees may be advanced up to 56 or 112 hours.

Based on mutual written agreement between the employee and Department Director, the sick leave advanced must be repaid within 12 months of the date of the advance being granted.

Number of hours to be advanced: \_\_\_\_\_

**Reason** (*Only one option may be chosen*):

- Employee may be advanced up to 40 hours (or 56 for TCFD) of sick leave for the following reasons (please check one):

Employee's own Illness    Employee Self Quarantine    School Closure    Child Care

Other: \_\_\_\_\_  
(Explain)

- Employee may be advanced up to 80 hours (or 112 for TCFD) of sick leave for the following (please check one):

Employee has been ordered Quarantined by a medical professional

Employee has been diagnosed with COVID-19

**Repayment:**

Commencing on \_\_\_\_\_, 20\_\_\_\_ (payroll period \_\_\_\_-\_\_\_\_), until the sick leave advanced is repaid I agree to forego my biweekly:

Sick Leave Accrual    Vacation Leave Accrual

I understand and fully acknowledge that the number of hours of sick leave advanced is required to be repaid within 12 months of the date of the advance being granted. If, for any reason, I leave County employment prior to the full repayment of the sick leave advance, I consent to the withholding of the amount necessary

to repay the County for the sick leave advance from my last payroll warrant. If any amount remains due after these deductions, I agree to pay the remaining balance back to the County within 10 business days of my date of separation from County employment. I understand that any failure to repay the County will result in the County having to proceed with legal action to recover the advancement.

Date: \_\_\_\_\_

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

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

Dept. Head Signature: \_\_\_\_\_  
(or designee)

Dept.: \_\_\_\_\_

*Upon completion, retain one copy for department files and forward a copy to Human Resources and Development and the Auditor-Controller.*

3/16/2020