



Pima County Community College District

CONFIDENTIAL: COVID-19 EMERGENCY LEAVE PAYOUT REQUEST

Employee Name _____ Pima ID # _____

Department _____ Mail Code _____

Work Telephone Number _____ Email Address _____

Employees who have an emergency need to access additional financial resources may request payout of up to two weeks of accrued annual leave **per pay**, in one-week increments, if the following criteria is met. **The annual limit of two weeks has been removed until June 30, 2020. Please see the COVID-19 policy for additional information.**

- a. Employee must have completed his/her initial hire probation to make use of this provision (classified exempt and non-exempt).
- b. Employee has determined that he/she has an emergency resource need that may include, but is not limited to, one of the following: **COVID-19 related hardship**, loss of household income, emergency medical expense, funeral expenses, impending eviction or foreclosure, or other extraordinary expenses.
- c. The employee will be the sole determinant of his/her emergency need. Inappropriate use is governed by the Code of Conduct and Standards of Behavior for Employees.

I understand that I may request up to 80 hours of annual leave per pay, provided that the remaining leave balance after the buyout is at least 40 hours, to include annual leave usage within the current pay period.

Note: usage of annual leave within the same pay period will be included in the calculation.

I acknowledge that all payments under this provision are subject to applicable payroll taxes. I further understand that this buyout may affect my eligibility to receive donated leave according to College policy.

My signature below authorizes the buyout of _____ 1 week _____ 2 weeks from my annual leave balance for an emergency need.

Employee Signature _____

Date **Submit completed form to the Employee Service Center via email: ESC@pima.edu**

For completion by the Employee Service Center:

Current Annual Leave Balance: _____ Remaining Annual Leave Balance After Payout: _____

[] Approved as received or [] Denied/reason: _____

Reviewed By _____ Date _____

Payroll Notification _____ Date _____

Employee Notification _____ Date _____