**AUBURN UNIVERSITY**

**COVID-19 LEAVE REQUEST FORM**

Employee Name: Banner ID:

Working: Onsite [ ]  Remote [ ]  Combination of Both [ ]  Dates of Requested Leave:

Description of leave hours requested

(Ex: Tues. 1 hour, Wed. 3 hours, Fri. 8 hours)

**Qualifying Reason for Leave and Type of Leave Requested (check both below)**:

[ ]  Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

 [ ]  Emergency Paid Sick Leave (EPSL) [ ]  Accrued Sick Leave [ ]  Accrued Compensatory Time

 [ ]  Emergency COVID-19 Administrative Leave (ECAL) **(only available upon exhaustion of EPSL)**

 [ ]  Leave without Pay (Voluntary)\*

[ ]  Employee has been advised by a health care provider to self-quarantine related to COVID-19.

 [ ]  Emergency Paid Sick Leave (EPSL) [ ]  Accrued Sick Leave [ ]  Accrued Compensatory Time

 [ ]  Emergency COVID-19 Administrative Leave (ECAL) **(only available upon exhaustion of EPSL)**

 [ ]  Leave without Pay (Voluntary)\*

[ ]  Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.

 [ ]  Emergency Paid Sick Leave (EPSL) [ ]  Accrued Sick Leave [ ]  Accrued Compensatory Time

 [ ]  Emergency COVID-19 Administrative Leave (ECAL) **(only available upon exhaustion of EPSL)**

 [ ]  Leave without Pay (Voluntary)\*

[ ]  Employee is caring for an individual subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19.

 [ ]  Emergency Paid Sick Leave (EPSL) [ ]  Accrued Sick Leave [ ]  Accrued Annual Leave

 [ ]  Accrued Compensatory Time

 [ ]  Emergency COVID-19 Administrative Leave (ECAL) **(only available upon exhaustion of EPSL)**

 [ ]  Leave without Pay (Voluntary)\*

[ ]  Employee is caring for an eligible son or daughter whose school or place of care is closed, or whose childcare provider is unavailable, due to COVID-19 related reasons (FMLA+).

 For weeks 1 and 2, select type of leave requested below:

 [ ]  Emergency Paid Sick Leave (EPSL) [ ]  Accrued Annual Leave [ ]  Accrued Compensatory Time

 [ ]  Leave without Pay (Voluntary)\*

For the remaining weeks (up to a maximum of 10 workweeks), select type of leave requested below:

[ ]  Expanded Family Medical Leave

Name of child (ren):

Name of school or childcare provider:

[ ]  Employee is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

 [ ]  Emergency Paid Sick Leave (EPSL) [ ]  Accrued Sick Leave [ ]  Accrued Compensatory Time

 [ ]  Emergency COVID-19 Administrative Leave (ECAL) **(only available upon exhaustion of EPSL)**

 [ ]  Leave without Pay (Voluntary)\*

[ ]  Employee does not feel comfortable coming to the worksite for COVID-19 related reasons

 [ ]  Accrued Annual Leave [ ]  Accrued Sick Leave **(only available upon exhaustion of accrued annual leave)**

 [ ]  Leave without Pay (Voluntary)\* **(only available upon exhaustion of accrued annual leave)**

**Employee Certification**: By signing below, I certify that I am unable to work and am requesting leave because of the qualified reason identified above. Additionally, if requesting leave to care for a eligible son or daughter whose school or place of care is closed, or whose childcare provider is unavailable, due to COVID-19 related reasons, by signing this form, I certify that no other suitable person is available to care for the child(ren) during the requested leave period.

Date Employee Signature