**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