

Employee Name: _____ **Title:** _____

Department: _____ **Name of Supervisor:** _____

Phone Number: _____ **Expected Emergency Administrative Leave Dates:** _____

The health and well-being of our community remains our number one priority. As such, and in response to the current state of emergency the University has authorized eligible employees to use up to 14 days of paid leave administrative leave.

I have exhausted all available leave options balances (e.g. sick leave, PTO-sick, or other accrued leave).

I am not eligible for Telework in my current position.

The following circumstances prompted my request for emergency administrative leave:

I am unable to work due to my own or a family member's COVID-19 illness.

I am unable to come to work due to public health or University-required quarantine or self-isolation measures.

I have been directed not to come to work by the University and I am unable to work from home due to the nature of my work.

I have attached documentation to support my need to utilize emergency administrative leave. These may include a letter from physician regarding symptoms or illness, state entity regarding quarantine status or any other verifiable documentation related to the need for utilizing this leave.

Employee Signature

Date

For Human Resources Use Only:

Approved Denied

Rejection reason:

Teleworking not explored

Additional leave balances available

Insufficient documentation

Employee Relations Signature