Request for COVID-19 Employer Paid Leave of Absence

Name of employee: _____ Banner ID: 855_____

Title of position: _____ Dept: _____

Name of supervisor: _____

Details of Request for COVID-19 Leave

Date Leave begins: _____ Expected Return Date: _____

If Intermittent Leave is requested, provide schedule/dates (for COVID-19 Family leave only):_____

Type of Paid COVID-19 Leave Requested:

_____ COVID-19 Sick Leave for employee's own illness or exposure (medical documentation or proof of quarantine/isolation notice required)

_____ COVID-19 Sick Leave to care for quarantined or isolated individual(s) (medical documentation or proof of quarantine/isolation notice required)
        Name of and relationship to loved one: _____
                                (example: Sally Smith, spouse/partner)

_____ COVID-19 Sick Leave for employee to receive or suffering complications from the vaccination (up to 1 day of paid leave max and documentation required)

_____ COVID-19 Family Leave (up to 10 days of paid leave max and documentation required)
   - Name of the child(ren) being cared for: _____

     _____

   - Name of the school(s) that has been closed for in-person instruction or the child care provider that has been closed or become unavailable due to COVID-19:
     _____

   - ___I attest that no other suitable person is available to care for the child during the period for which I am requesting

_____   _____
Employee's signature   **Date of request**

This form must be returned to the **Employee Benefits Office** at payroll@wpunj.edu along with required documentation within 5 business days. Employee, please discuss this leave request with your supervisor. You and your supervisor will be notified of the status of your leave request within 5 business days.

Time sheet processing for approved leave dates:
1. Full time employees: must code timesheets using earn code EXA (Excused Authorized)
2. Part time employees: must record regular shift hours for the absence(s) and also make a comment stating "Hours recorded on (specify dates) are Excused Authorized, approved COVID Leave".

For Benefits Office use only

This leave has been: Approved _____Denied _____   Date: _____