

LEAVE REQUEST FORM - TO CARE FOR SELF DUE TO QUARANTINE, ILLNESS, OR SYMPTOMS

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ 855#: _____

Dept.: _____

WP E-mail: _____ Alternate E-mail: _____

WP Phone: _____ Alternate Phone: _____

Title: _____

Supervisor's Name: _____

REASON FOR LEAVE

Emergency Paid Sick Leave (2 weeks, up to 80 hours):

Because of COVID-19, I am unable to work or telework because:

_____ 1. Am subject to a Federal, State, or local quarantine or isolation order. Name of the governmental entity ordering quarantine or isolation: _____

_____ 2. Have been advised by a health care provider to self-quarantine. Name of the health care provider advising to self-quarantine: _____

_____ 3. Am experiencing symptoms of COVID-19 and seeking a medical diagnosis. I understand that the symptoms are shortness of breath, fever, dry cough, and other symptoms identified by the CDC. See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

I understand that leave is provided only for my affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a test for COVID-19. I also understand that before returning to work, I will need to provide a physician's note or I will provide an attestation that I have met CDC return-to-work requirements.

I _____ have or _____ have not received Emergency Paid Sick Leave previously (whether through the University or a prior employer).

REQUEST TO USE BENEFITS

_____ Emergency Paid Sick Leave (10 days), as paid according to qualifying reason for leave.

_____ 10 days unpaid leave **OR**

_____ 10 days accrued vacation, personal or comp time leave

DATES FOR WHICH LEAVE IS REQUESTED

LEAVE WILL BE TAKEN AS (check all that apply):

_____ a block of time from _____ to _____
(month/day/year) (month/day/year)

_____ intermittently (e.g., separate blocks of time or any part of a single day due to a single qualifying reason) (please describe on separate sheet and attach to application)

Start/end date of intermittent leave _____

NOTE: Emergency Paid sick leave may only be taken intermittently if you are teleworking, supported by medical documentation allowing you to telework intermittently, and is subject to employer approval.

I certify and affirm that I am unable to work (including telework) because of the above indicated reason and that the information provided in this certification form is true and correct.

Employee Signature

Date

Please save the completed and signed document to your device and return via email to: payroll@wpunj.edu