### Leave Request Form

**COVID-19 Public Health Emergency**

*To request leave as related to COVID-19, please complete this form and return it to* [*sarah.henderson@oit.edu*](mailto:sarah.henderson@oit.edu)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | **ID#:** | | |  |
| **Department:** | |  | | | | | | | | **Job Title:** | | |  |
| **Employee Type:** | | * Classified | | | | * Faculty | | | * Unclassified Admin | | | | * Student Employee |
| **Supervisor Name:** | |  | | | | | | | | | | | |
| **Contact information while on leave** | | | | | | | | | | | | | |
| **Personal Email:** | |  | | | | | | | | | | | |
| **Mailing Address:** | |  | | | | | | | | | | | |
| **Phone:** | |  | | | | | | | | | | | |
| **LEAVE INFORMATION** | | | | | | | | | | | | | |
| **I am requesting a leave of absence for the following reason:** | | | | | | | | | | | | | |
| * 1) Due to a local, federal, quarantine or isolation order | | | | | | | | | | | | | |
| * 2) To self-quarantine as advised by a medical provider due to COVID-19 concerns | | | | | | | | | | | | | |
| * 3) Is experiencing symptoms of & seeking medical care for symptoms of COVID-19 | | | | | | | | | | | | | |
| * 4) Is caring for an individual subject to 1) or 2) above | | | | | | | | | | | | | |
| * 5) Is caring for a child(ren) whose school(s) or place(s) of care has/have been closed in for a public health emergency related to COVID-19 | | | | | | | | | | | | | |
| * 6) Other: (specify) | | | | | | | | | | | | | |
| **Please specify the individual(s) the leave is for and the relationship:** | | | | | | | | | | | | | |
| Name(s): | | |  | | | | | | | | | | |
| Relationship: | | |  | | | | | | | | | | |
| Age(s): | | |  | | | | | | | | | | |
| School(s)/Care Center(s): | | |  | | | | | | | | | | |
| **Are you able to work an alternate schedule?** | | | | | | | | | | | | | |
| * Yes | | * No | | | | | * Have not explored | | | | | | |
| **Are you able to telework?** | | | | | | | | | | | | | |
| * Yes | | * No | | | | | * Have not explored | | | | | | |
| **I am requesting a leave of absence with the following schedule:** | | | | | | | | | | | | | |
| * Full-time leave from | | | | |  | | | | | to | |  | |
| * Intermittent leave from | | | | |  | | | | | to | |  | |
| * Reduced-schedule leave from | | | | |  | | | | | to | |  | |
| Describe proposed intermittent or reduced schedule: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Specify the sequence in which you wish to use leave, after Emergency Sick Leave *(i.e. 1st, 2nd, etc.)*:** | | | | | | | | | | | | | |
| * Sick Leave | * Vacation | | | * Personal Days | | | | * Comp. Time | | | * Leave without Pay | | |
|  |  | | |  | | | |  | | |  | | |
| Do you wish to supplement any leave paid by the university with your accrued leave? | | | | | | | | | | | | | |
| * Yes | * No | | | | | | | | | | | | |

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**Employee Signature Date**