

REQUEST FOR SPECIAL CONSIDERATION - TEMPORARY PAID LEAVE FORM

Coronavirus Pandemic (COVID-19)

Employee Name:		Employee ID:	
Job Title:	Division/Department:		
Classification:	Full-Time: <input type="checkbox"/>	Part-Time: <input type="checkbox"/>	Exempt: <input type="checkbox"/> Non-Exempt: <input type="checkbox"/>
Supervisor Name:	Supervisor email/Ext.		
Date Requested:	Date of Requested Extension (if applicable):		

In accordance with Chancellor White’s March 17, 2020 message to employees of the need to telecommute as a safeguard against the coronavirus, he acknowledged special considerations are to be given to employees age 65 or older and/or who have a chronic medical condition(s). This form should be completed by employees who are unable to telecommute and who are age 65 or older and/or who have a chronic medical disease/condition.

PERMISSIBLE USE OF LEAVE

I am unable to work because I have been directed by my appropriate administrator not to come to the worksite and it is not operationally feasible for me to work remotely and I meet the following Special Consideration(s):

I AM AGE 65 OR OLDER

I HAVE A CHRONIC MEDICAL CONDITION. [A CHRONIC MEDICAL DISEASE/CONDITION IS BROADLY DEFINED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) AS ONE THAT IS EXPECTED TO LAST 1 YEAR OR MORE, REQUIRES ONGOING MEDICAL ATTENTION, AND LIMITS THE ACTIVITIES OF DAILY LIVING.]

Request for Dates of Coronavirus Pandemic (COVID-19) Special Consideration - Temporary Paid Leave

Month	Dates Requested	Total Number of Hours Requested
Total Hours:		

SIGNED AND AGREED BY:

To the best of my knowledge and belief, I certify that the facts stated are accurate and in full compliance with the intended use of the Special Consideration – Temporary Paid Leave granted by the Chancellor.

Employee Name: _____ Signature: _____ Date: _____

I approve the use of Special Consideration – Temporary Paid Leave as indicated above.

Dean/Director: _____ Signature: _____ Date: _____

Appropriate Administrator Name: _____ Signature: _____ Date: _____

HR/Academic Personnel Designee Name: _____ Signature: _____ Date: _____