

# KU COVID-19 Leave Request form

## Employee Information

Name: \_\_\_\_\_ KU Employee ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Department Name: \_\_\_\_\_

## Dates of Requested Leave

Requested leave start date: \_\_\_\_\_ Requested leave end date: \_\_\_\_\_

If any of your leave will be part time or intermittent, please provide details of that plan. Part-time leave plan: \_\_\_\_\_

## Leave options available:

**Emergency Paid Sick Leave Act** - Provides two weeks of paid leave if you are unable to work or telework due to COVID-19.

**Emergency Family and Medical Leave Expansion Act** - Provides up to 12 weeks of leave due to an inability to work or telework because of the need to care for a dependent child if the school or place of care has been closed, or the child care provider is unavailable” due to COVID-19.

Child Care Provider: means a provider normally paid for providing childcare on a regular basis

School: means an “elementary school” or “secondary school”

**KU COVID leave** – Leave provided by the University of Kansas for qualifying leave due to COVID-19.

## Reason for Request - Please answer all questions below:

<u>Yes</u>	<u>No</u>	<u>Reason</u>
		I am subject to a federal, state, or local quarantine or isolation order Name of governmental entity advising of quarantine: _____
		I have been advised by a health care provider to self-quarantine Name of health care provider advising of quarantine: _____
		I am experiencing symptoms <u>and</u> seeking a medical diagnosis.
		I am caring for someone who is subject to quarantine/isolation order or advised to quarantine Name of governmental entity advising of quarantine: _____
		I am caring for someone who has been advised by a health care provider to self-quarantine Name of health care provider: _____
		I am caring for a dependent child because school/daycare is closed. <u>Child Care Provider</u> : means a provider normally paid for providing child care on a regular basis <u>School</u> : means an “elementary school” or “secondary school” Name of child(ren): _____ Age(s) of children: _____

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		If child is age over the age of 14 please provide an explanation of special circumstances that require your care of the child: _____ _____
		Name of school/child care provider: _____
		By selecting "Yes", I affirm that my child is not receiving care from another school or child care facility and will be in the home receiving care from me.
		I am experiencing any other substantially similar condition specified by the EPSL Act
		This is for leave due to COVID 19 for any other reason than the options listed above.

**Employee Statement:**

Statement of why you are unable to work or telework: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affirmation and Signature**

I affirm that the information I have provided in this request form is true and accurate to the best of my knowledge. I understand I may be requested to provide documentation to substantiate that request. If documentation is required, I understand that I will be notified of that need in writing by Human Resource Management. I understand that I will receive a determination letter from HRM regarding my leave request, and understand that will contain further instruction on how to enter my leave into the Human Resource/Payroll System (hr.ku.edu). I understand I will be responsible for entering my own leave.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_