NORTHWESTERN STATE

COVID-19 EMPLOYEE LEAVE REQUEST FORM

Employee:	**CWID#:**
NSU Email Address:	**Department:**

Under the **Family First Coronavirus Response Act (FFCRA)**, if you have been employed for at least (30) days, you are eligible for up to 80 hours of leave under specific circumstances. Please refer to the EMPLOYEE RIGHTS poster found on the Human Resources page on the Faculty/Staff intra website (https://www.nsula.edu/hr/), for specific categories and daily pay maximums. Employees may elect to utilize sick and annual leave to supplement pay up to, but not exceeding the normal paycheck.

I wish to utilize my leave accruals to supplement my pay up to, but not exceeding my normal paycheck:

_____ **YES** _____ **NO**

_____ Sick Leave *(must utilize first)*
_____ Annual Leave *(can only be utilized after sick leave has been exhausted)*
_ _ Leave Without Pay (*only available when all leave has been exhausted)*

I am requesting to utilize COVID-19 leave for the reason indicated below:

CATEGORY 1:

_ _ I am subject to Federal, State and local quarantine or isolation order related to COVID-19; or
_ _ I have been advised by a health care provider to self-quarantine related to COVID-19; or
_____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

CATEGORY 2:

_____ I am "at risk" (older adult or have an underlying medical condition) and, based on medical orders, must remain out of work (documentation must be attached)

CATEGORY 3:

_____ I am caring for an individual who is subject to quarantine or isolation order related to COVID-19; or
_____ I am caring for a son/daughter whose school/place of care has been closed or provider is unavailable; or
_ _ Other (please list):_____

I am requesting COVID-19 leave beginning:_____ to _____
DATE DATE

_____
EMPLOYEE **DATE**

Please scan and email this form to Human Resources at covid19hr@nsula.edu. The original form may be delivered via inter office mail to Human Resources, St. Denis Hall.

HR/Payroll Use Only:

Employee's daily rate of pay: _____
Maximum daily rate of pay based on Category: _____
Amount required to supplement pay: _____
Number of hours per pay period to supplement pay: _____

HR/Payroll Initials: _____