

ECU Department of Human Resources-Benefits

210 East 1st Street, Greenville, NC 27858 | Mail Stop: 205 | Phone: 252-328-9887 | Fax: 252-328-9918

I. EMPLOYEE DATA			
Employee Name:		Banner ID:	
Divison:		Department:	
Supervisor:		Kronos Super Admin:	
Home Address:		Personal Phone:	
		Email Address: <small>*Approval is sent by email</small>	

II. QUALIFYING LEAVE REQUEST REASON & SUPPORTING MEDICAL DOCUMENTATION	
<p>COVID-19 Administrative Paid Leave is available if an employee is subject to a quarantine order, has been advised to self-quarantine by a healthcare provider or public health official, or experiences a reaction to their COVID-19 vaccination that prevents them from returning to work, either on the day of the vaccination or on the following day. Employees are able to use up to 80 hours (pro-rated for part-time employees) of COVID-19 Administrative Paid Leave for qualifying absences prior to using any accrued personal leave. Once the initial 80 hours are exhausted, employees must use their accrued leave for qualifying absences before the employee will be eligible to use the remaining leave that may be available to them.</p> <p>Note: If you have taken COVID-19 Administrative Paid Leave or Emergency Paid Sick Leave (EPSL) under the FFCRA, these hours will deducted from any remaining administrative leave that may be available to you, which means you may be required to use your accrued personal leave before using any remaining administrative leave.</p> <p>Please select the qualifying reason for which you are seeking leave:</p> <p>1) <i>I am experiencing a reaction to the COVID-19 vaccine.</i> <i>Date Vaccine Received:</i> _____</p> <p>2) <i>I am subject to a local quarantine related to COVID-19.</i> Name of Entity that Issued a Quarantine Order: _____</p> <p>3) <i>I have been advised by a health care provider to self-quarantine.</i> Name of Health Care Provider that Advised Quarantine: _____</p> <p>4) <i>Request COVID-19 Booster Incentive leave (8 hours-pro-rated) for 1st Booster.</i> Date 1st Booster received : _____ **Must receive 1st booster on or before August 31, 2022 and leave must be used on or before March 31, 2023 (2nd booster not eligible)</p> <p>I understand that in order to qualify for leave under this provision, I must be seeking a medical diagnosis.</p> <p>Supporting medical documentation is required. Please submit your request form with your supporting medical documentation attached.</p>	

III. REQUESTED LEAVE SCHEDULE & SUPPLEMENTAL LEAVE COVERAGE			
Requested Start Date:		Anticipated Return Date:	or Unknown
<p>This leave requires that you notify us as soon as possible if dates of leave change, are extended, or were initially unknown.</p> <p>IMPORTANT: A part-time or intermittent leave request can only be requested if telework is feasible for your position. Your supervisor must certify your ability to telework below. Please indicate how you intend to use this leave during your requested leave period below.</p> <p>Continuous Leave Intermittent Leave (Sporadic or as needed) Part-Time Leave and/or Reduced Schedule</p>			

IV. EMPLOYEE CERTIFICATION & SIGNATURE	
<p>By signing below, I acknowledge the information provided above is accurate. I confirm that I am unable to work (including unable to telework) for the requested leave dates. I understand that any falsification of information may lead to appropriate administrative action, up to and including dismissal.</p>	
Employee's Signature:	Date:

V. SUPERVISOR ACKNOWLEDGEMENT & CERTIFICATION	
<p>If this employee is requesting part-time or intermittent leave due to their ability to telework on a part-time or intermittent basis, you must certify if telework is feasible for their position. Please confirm if telework is feasible for this employee's position: Yes No</p>	
Supervisor's Signature:	Date:

Submit your completed request form with supporting medical documentation to AdminLeaveRequests@ecu.edu for processing.

VI. FOR HR OFFICE USE ONLY			
COVID-19 Leave:	Approved	Denied	
HR Comments:			
Signature (HR Rep):		Review Date:	