

Part I: Employee Information

Name:

Employee ID #:

3100 Marine Street, Third Floor 565 UCB Boulder, Colorado 80309-0565

Department Name:

Supervisor Name:

Phone: 303 492 6475 Fax: 303 492 4491

Declared Emergency Leave Rollover Request Form

According to Colorado State Personnel Board Rule 5-4.(A), during a declared emergency such as COVID-19, if a classified employee <u>could not request</u>, or was denied leave due to business necessity and was not given reasonable opportunity to use it, the annual leave up to eighty (80) hours over the maximum accrual allotment may be either carried over or paid out one time, before the end of the fiscal year. No hours carried over from a previous fiscal year can be carried over for a second fiscal year. Business necessity is defined at the division, college, or department level.

<u>If leave was not denied or cancelled</u> and the employee had reasonable opportunity to use requested leave, the rollover or payout is not applicable and the employee's accrued leave above the max is forfeited. Classified employees who believe they are eligible for a carry over or payout of their annual leave should complete this request form and submit to their supervisor for approval.

Part II: Leave Balance Scenario		
Annual Leave Balance Scenario	Option 1	Option 2
On July 1, 2021, my accrued annual leave amount will be less than 80 hours OVER my maximum accrual amount.	☐ I am requesting that my accrued annual leave above the max amount be carried over into the 2021-2022 fiscal year.	☐ I am requesting that my accrued annual leave above the max amount be paid out prior to the end of the 2020-2021 fiscal year.
2. On July 1, 2021, my accrued annual leave amount will be more than 80 hours OVER my maximum accrual amount.	☐ I am requesting that the first 80 hours of my accrued annual leave above the max amount be carried over into the 2021-2022 fiscal year.	☐ I am requesting that the first 80 hours of my accrued annual leave above the max amount be paid out prior to the end of the 2020-2021 fiscal year.

Please provide an explanation for making the request chosen above. If you were denied the option to take your annual leave, please provide the date of request and supervisor reason for denial. If you were unable to make the request, please provide information outlining why the request was not possible.

^{*}If an employee has more than 80 hours OVER the maximum accrual amount, they can choose to have the first 80 hours carried over or paid out. Any additional accrual amount over 80 hours above the max must be and will be paid out in compliance with rule 5-4.(A).

Part III: Employee and Supervisor Certification

My signature below certifies that my current leave balances are correct, and that I will certify my 2021 leave balances in the employee portal, when available.

Employee Signature

Date

As this employee's supervisor, my signature below certifies that the employee <u>could not request or was denied leave</u> due to business necessity and is eligible for the declared emergency leave rollover and/or payout. Furthermore, I have verified that the employee's leave balances are correct, and that I will approve the employee's 2021 leave certification in the employee portal, when available.

Supervisor Signature

Date

Please submit this completed form to HRSC@colorado.edu no later than June 1, 2021.