



**COVID-19 Leave and Accommodation Request Form**

Name:	Employee ID Number:
Department:	Hire Date:
Supervisor Name:	Today's Date:

**I am not comfortable returning to my on-campus job and would like to request workplace accommodations including leave because:**

- I identify as a member of a vulnerable population as defined by Executive Order D 2020-044. I am currently experiencing one or more of the following: chronic lung disease, moderate to severe asthma, a serious heart condition, pregnancy, compromised immunity, or a licensed healthcare provider has determined I am vulnerable to COVID-19. **Employees may be eligible to use their personal leave accruals. If the employee does not have any leave accruals available, they may be eligible for unpaid leave.**

*In order to protect your privacy, if you check this box a representative from ADA Compliance will outreach to you to discuss your specific medical condition(s) and your individual limitations.*

**I am not comfortable returning to my on-campus job and would like to take leave or request a remote work schedule because:**

- I am (or a member of my household is) 65 years or older, which is considered a vulnerable population as defined by Executive Order D 2020-044. **Employees may be eligible to use their personal leave accruals. If the employee does not have any leave accruals available, they may be eligible for unpaid leave.**
- A member of my household identifies as a Vulnerable Person as defined by Executive Order D 2020-044. **Medical documentation may be required.**

**I am a 9-month instructional faculty member and am requesting a remote teaching assignment because:**

- I identify as (or a member of my household identifies as) a member of a vulnerable population as defined by Executive Order D 2020-044. I am currently experiencing one or more of the following: chronic lung disease, moderate to severe asthma, a serious heart condition, pregnancy, compromised immunity, or a licensed healthcare provider has determined I am vulnerable to COVID-19. **Medical documentation will be required.**
- I am (or a member of my household is) 65 years or older, which is considered a vulnerable population as defined by Executive Order D 2020-044.

**I am requesting leave for one of the following reasons (please check one):**

- [FFA 1] I am subject to a federal, state, or local (including CU) quarantine or isolation order related to COVID-19; **Employees are eligible for up to 2 weeks of leave at full pay**
- [FFA 2] I have been advised by a health care provider to self-quarantine because of COVID-19; **Employees are eligible for up to 2 weeks of leave at full pay**
- [FFA 3] I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis; **Employees are eligible for up to 2 weeks of leave at full pay**
- [FFA 4] I am caring for an individual subject or advised to quarantine or isolation; **Employees are eligible for up to 2 weeks of leave at 2/3 their regular rate of pay**
- [FFA 6] I am experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury. **Employees are eligible for up to 2 weeks of leave at 2/3 their regular rate of pay**

**Estimated Dates of Leave:**                      Start Date                                      End Date

- [FFA 5] I am unable to work or telework (with Employee Relations or department HR approval) due to a need to care for a child under 18 years of age because that child's school or place of care has closed or the child's childcare provider is unavailable due to a public health emergency with respect to COVID-19. **Employees are eligible for up to 12 weeks of leave at 2/3 their regular rate of pay**

**Additional Information (this section should only be completed if you selected the FFA 5 option)**

I am requesting block leave beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

I am requesting intermittent leave for up to \_\_\_\_\_ days per week.

Do you have a spouse or partner that works for CU and will also be requesting leave?

Yes                      No

Have you utilized FMLA within the past 12 months?

Yes                      No

Name of the child being cared for:

Name of the school, place of care, or childcare provider that has closed or become unavailable:

Explanation as to why there is no other suitable person available to care for child:

Please submit this leave request form to [Leave@colorado.edu](mailto:Leave@colorado.edu). Human Resources will contact you within five business days. By submitting this request, you certify and acknowledge that the information submitted is true, accurate and will be subject to verification.

**Employee Signature**