



Public Health Emergency Leave Request Form

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

I am requesting public health emergency paid sick leave because (please check one):

Employees are eligible for supplemental sick leave up to 80 hours (prorated based on percent of time and the employee's sick leave balance as of 1/1/21). Any supplemental leave granted will be used prior to the employee's sick leave accruals. After the exhaustion of sick leave, employees are eligible to use their accrued vacation leave and then leave without pay. Faculty are not eligible for vacation leave (with the exception of 12-month Libraries faculty).

I am self-isolating due to a positive diagnosis of COVID-19.

I am experiencing symptoms, seeking a medical diagnosis, medical treatment, or seeking preventive care with respect to COVID-19.

I am caring for a family member in the above circumstances.

I am unable to work or telework because public health officials or CU Boulder has determined it is unsafe for me to come to work due to COVID-19.

I am unable to work because I have a health condition that may increase susceptibility to or risk of COVID-19.

Estimated Dates of Leave: Start Date End Date

I need to care for a child or other family member whose childcare facility is unavailable, or the child's childcare facility or school is closed due to COVID-19.

Additional Information (this section should only be completed if you selected the childcare leave option):

I am requesting block leave beginning on _____ and ending on _____

I am requesting intermittent leave for up to _____ hours per week.

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

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. 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. Your signature and the signature of your supervisor below indicates that the time reported on your MyLeave calendar is correct and up-to-date through today. You agree not to edit your MyLeave calendar starting from today and earlier after this request has been signed.

Employee Signature

Supervisor Signature