



Temporary Paid Administrative Leave Request Form
Coronavirus Pandemic (COVID-19)

Date: Employee ID:
Employee Name: Employee's Email:
Division: Department:
Supervisor's Name: Supervisor's Email:

Full-time Part-time Exempt Non-Exempt

In accordance with HR Letter 2020-03, most employees (exempt and non-exempt) including student employees are eligible to receive a one-time allotment of up to 16 days (128 hours) of paid administrative leave from March 23, 2020, through December 31, 2020, that can only be used due to COVID-19 related absences, subject to the following conditions:

- All hours must be used by close of business on December 31, 2020 at which time the remaining allotted hours will expire.
The hours may be used at any time during this designated period including intermittently, in consultation with the appropriate administrator, provided that such use shall not adversely affect the delivery of essential university services.
The number of hours of paid administrative leave for employees who work less than full-time shall be prorated according to the employee's percent of their appointment.

Table with 2 columns: Dates Requested, Hours Requested. Includes a row for Total Number of Hours Requested.

Permissible Use of Leave (Please check the appropriate box below):

- I am unable to work due to my own COVID-19 related illness (medical certification may be requested).
I am unable to work due to my family member's COVID-19 related illness. For purposes of this paid leave, family member includes those you would normally be able to use sick leave for (medical certification may be requested). Indicate family member relationship:
I am unable to work because I have been directed by my healthcare provider not to come to the worksite for COVID-19 related reasons.
I am unable to work because I have been directed by my appropriate administrator not to come to the worksite and it is operationally not feasible for me to work remotely.
I am unable to work due to a COVID-19 related school or daycare closure and I am required to be at home with a child or dependent, and it is operationally not feasible for me to work remotely or in conjunction with my childcare commitment.

Signed and Agreed By: To the best of my knowledge and belief, I certify that the facts stated are accurate and in full compliance with CPAL policy requirements. I understand I may be asked to substantiate the reason for the leave in accordance with current Bargaining Unit Contracts and/or CSU Policies.

Employee Printed Name: Employee Signature: Date:

Appropriate Administrator's Signature:

- Request Approved Request Denied

Human Resources/Faculty Affairs Signature:

- Request Approved Request Denied