



# Teamsters Only

## REQUEST FOR CSU EXPANDED COVID-19 RELIEF (PAID) LEAVE (ECRL)

Coronavirus Pandemic (COVID-19)

<b>Employee Name:</b>		<b>Employee ID:</b>	
<b>Job Title:</b>		<b>Division/Department:</b>	
<b>Classification:</b>	<b>CBID:</b>	<b>Full-Time:</b> <input type="checkbox"/> <b>Part-Time:</b> <input type="checkbox"/>	<b>Exempt:</b> <input type="checkbox"/> <b>Non-Exempt:</b> <input type="checkbox"/>
<b>Supervisor Name:</b>		<b>Supervisor email/Ext.</b>	
<b>Date Requested:</b>		<b>Date of Requested Extension (if applicable):</b>	

To access this program, employees must complete and submit the signed request form to their campus Human Resources department prior to the start of ECRL.

Each eligible employee may request up to 256 hours of ECRL (Expanded COVID Related Leave) to be used between January 1, 2021 and December 31, 2021. Unused ECRL has no value if an employee separates from CSU employment.

### PERMISSIBLE USE OF LEAVE

Select at least One (1)	Qualifying Reasons to Use CSU Expanded Coronavirus Related Leave (ECRL)
	I am unable to work or work remotely due to my own COVID-19-related illness.
	I am unable to work or work remotely because I am experiencing COVID-19 related symptoms and am seeking diagnosis for my own illness.
	I am unable to work or work remotely because I need to care for an immediate family member who resides in my household who has COVID-19 symptoms or illness.
	I am responsible for the care of a minor child, who resides in my household, and whose school or daycare is closed due to COVID-19 resulting in me being unable to work or work remotely.
	The employee is excluded from the worksite because of COVID-19 exposure and not eligible for Exclusion Pay. See your campus Human Resources department for details.

### SIGNED AND AGREED BY:

*To the best of my knowledge and belief, I certify that the facts stated within are accurate and in full compliance with CSU policies for ECRL requirements. I understand I may be asked to substantiate the reason for the leave in accordance with current Bargaining Unit MOU and/or CSU Policies.*

### Request for Dates of ECRL

Type of Leave	Month	Dates Requested (Additional detail may be attached to this form. Exempt employees must use time in full day increments if not covered under FML.)	Total Number of Hours Requested	Total Number of Hours Used Prior to this Request	Total Number of Hours Remaining in Allotment
<b>Total Hours</b>					

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CAMPUS APPROVAL

*I approve the use of the temporary paid leave(s) as indicated above.*

Appropriate Administrator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Designee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<Campus Logo>

**Request for Dates of CSU Extended COVID-19 Relief (Paid) Leave (ECRL)  
Detail by Month**

Month: _____				Pay Period _____		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				Total

Month: _____				Pay Period _____		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				Total

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