

University of Illinois
COVID-19 Paid Administrative Leave Request and Certification Form

Effective April 5, 2022 through May 11, 2023

In accordance with Public Act 102-0697, the University of Illinois System offers COVID-19 Paid Administrative Leave to eligible employees. **The offering of this leave is expected to end May 11, 2023.**

After May 11, 2023, eligible employees will need to use their own accrued sick leave or other appropriate paid or unpaid leave for time needed for COVID-19 reasons.

As of April 5, 2022, eligible employees may request leave under this program for absences related to qualifying COVID-19 reasons. This program is effective during any time the Governor has declared a disaster due to a public health emergency pursuant to Section 7 of the Illinois Emergency Management Agency Act and the University of Illinois System, the State of Illinois, or any of its agencies, or a local public health department has issued guidance, mandates, or rules related to COVID-19 that restrict an employee from being on University property due to the qualifying reasons. **The Governor has announced the state's public health emergency will end on May 11, 2023.**

COVID-19 Paid Administrative Leave time is separate from accruable personal sick leave. It does not carryover from previous allocations, is not accruable, and does not carryover once leave availability expires. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.

COVID-19 Paid Administrative Leave requires that employees have on file with the university their proof of vaccination status or evidence of a granted accommodation and full compliance with any testing and/or masking requirements.

See <https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=1763985> for more details about the University's COVID-19 Paid Administrative Leave.

Employees of UI Hospital and Health Sciences System: Before completing this form, contact your leave representative at uihloa@uic.edu for COVID-19 Paid Administrative Leave and other leave programs available to health care employees under Federal guidelines.

Amount of leave and Duration of Leave Program

- An eligible employee shall receive COVID-19 Paid Administrative Leave at their regular rate of pay for as many days as required to abide by UIC, UIUC, and/or UIS campus quarantine and isolation guidance and/or procedures, as well as public health guidance, mandates, and requirements issued by the Illinois Department of Public Health.
- The UIC, UIUC, and UIS campus guidelines and/or procedures for isolation, quarantine, and returning to work are available on the COVID-19 Paid Administrative Leave web page.
- Intermittent leave: COVID-19 Administrative Paid Leave may only be taken intermittently if the employee is approved for telework or is caring for a child.

Notice of leave request

- Employees are required to follow their college/unit notice procedures for their intent and request to use COVID-19 Paid Administrative Leave. Employees must complete the Request and Certification Form on the next page and submit it to their applicable Human Resources (HR) office (college/unit HR office, System HR for System Office employees).

- Employees will certify and affirm their inability to work or telework due to a qualifying reason. If an employee is found to have falsified the need for leave and/or the contents of this form, the employee may be denied the leave and/or may be subject to disciplinary action up to and including termination.

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COVID-19 ADMINISTRATIVE PAID LEAVE REQUEST AND CERTIFICATION FORM

TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ UIN: _____

Dept./Unit: _____

Office E-mail: _____ Alternate E-mail: _____

Office Phone: _____ Alternate Phone: _____

Title: _____

Supervisor's Name: _____

REASON FOR LEAVE

Because of COVID-19, I am unable to work (including telework) because I (mark only one):

- _____ 1. Have received a positive COVID-19 diagnosis via a PCR test or a probable COVID-19 diagnosis via an antigen diagnostic test and must isolate in accordance with UIC, UIUC, and/or UIS campus quarantine and isolation guidance and/or procedures.
- _____ 2. Have been in close contact with a person who had a confirmed case of COVID-19 and is required to quarantine in accordance with UIC, UIUC, or UIS campus quarantine and isolation guidelines and/or procedures.
- _____ 3. Am required by UIC, UIUC, or UIS campus quarantine and isolation guidelines and/or procedures to be excluded from university property due to COVID-19 symptoms.
- _____ 4. Must care for a child(ren) who is/are unable to attend daycare, elementary or secondary school because the child(ren) must isolate or quarantine because the child(ren) has/have:
 - i. A confirmed positive COVID-19 diagnosis via a PCR test or a probable COVID-19 diagnosis via an antigen diagnostic test, or
 - ii. Been in close contact with a person who has a confirmed case of COVID-19, or
 - iii. Been required by the school or school district policy to be excluded from school district property due to COVID-19 symptoms.

My vaccination status and documentation is (mark those that apply):

- _____ 1. I am or will be fully vaccinated with a COVID-19 vaccine approved by the Food and Drug Administration at the time of my leave and will provide proof of vaccination according to my university's protocols. The dates of my vaccination doses are _____ and _____.
- _____ 2. I have provided proof of being fully vaccinated with a COVID-19 vaccine approved by the Food and Drug Administration according to my university's protocols, e.g., uploaded to university vaccination tracking system. The dates of my vaccination doses are _____ and _____.
- _____ 3. I have an approved medical or religious accommodation by the University at the time of my leave and am complying with all the requirements of my accommodation including required testing and/or masking. The date of my approved medical or religious accommodation is _____.

DATES FOR WHICH LEAVE IS REQUESTED

LEAVE WILL BE TAKEN AS (check all that apply):

_____ a block of time from _____ to _____
(month/day/year) (month/day/year)

_____ intermittently (e.g., separate blocks of time or any part of a single day due to a single qualifying reason)
(please describe on separate sheet and attach to application)

Start date of intermittent leave _____

NOTE: COVID-19 Paid Administrative Leave may only be taken intermittently if you are either 1) caring for a child(ren) due to qualifying COVID-19 reasons, or 2) approved for remote work.

I have read the information regarding the Illinois Department of Public Health’s vaccination requirements, the applicable campus quarantine and isolation guidelines and/or procedures, and the “COVID-19 Paid Administrative Leave” above and understand all my obligations under this leave. To the extent the circumstances that necessitate my need for leave change, I agree to notify the University immediately.

I understand I may be denied the leave and/or may be subject to disciplinary action up to and including termination if found to have falsified the need for leave or the contents of this form.

I certify and affirm that I am unable to work (including telework) because of the above indicated reason, that my vaccination status, or accommodation status and compliance, is accurate, and that the information provided in this COVID-19 Paid Administrative Leave Request and Certification form is true and correct.

Employee Signature

Date

**TO BE COMPLETED BY COLLEGE/UNIT HR OFFICE, UIS HR,
SYSTEM HR (FOR SYSTEM OFFICE EMPLOYEES)**

- | | | |
|---|-----|----|
| 1. Has employment commenced? | Yes | No |
| 2. Is the reason for the leave because of one of the four reasons for qualifying leave? | Yes | No |
| 3. Has the employee certified they are fully vaccinated at the time the leave is taken or have an approved medical or religious accommodation at the time the leave is taken? | Yes | No |

Based on the answers above, is the employee eligible for requested leave? Yes No

If "no," state reason. A "no" to any of the above questions makes the employee ineligible for COVID-19 Paid Administrative Leave.

Additional notes/comments:

Please sign below to indicate your review of this COVID-19 Paid Administrative Leave request and certification

Authorized Signature (Department, Unit, Central/System HR)

Date

If the unit believes that the employee is not eligible for COVID-19 Paid Administrative Leave, please consult your central/university Human Resources office before denying the leave. Contact HR if you have additional questions.

The unit is responsible for tracking and reporting COVID-19 Paid Administrative Leave.