



UNIVERSITY OF ILLINOIS SYSTEM

Paid Leave for All Workers: Denial Form

*This form will **NOT** be used nor accepted once the electronic denial system is available.*

Information for direct Supervisor

The University of Illinois System maintains a record of each denied request and the employer’s reason for denial. This form is required to be completed by direct supervisors to document denials for Paid Leave for All Workers (PLFA) leave requests of their employees.

The Illinois Paid Leave for All Workers Act (820 ILCS 192) provides paid leave for Illinois workers to maintain their health and well-being, care for their families, or use for any other reason of their choosing. Departments do have the ability to deny use of Paid Leave for All Workers leave under limited circumstances. Prior to completing this denial form, departments should review the [Paid Leave for All Workers webpage](#) for additional information.

Instructions (Only direct supervisors should complete this form. **All** sections of the form must be completed in full.)

Employee Information and direct Supervisor Information – Complete both sections in full Leave Denial

- Date(s)
 - Enter the date of the requested leave that is being denied.
- Hours
 - Enter the number of hours (rounded up to the nearest quarter hour (fifteen (15) minutes))
 - All hours must be reported in fifteen (15)-minute increments (For example, 4.00, 4.25, 4.50, or 4.75 hours)
- Reason Number(s)
 - Enter the corresponding number for the Reason for denial (see Denial Reason section).

Other Notes

- If the denial date/hours has more than one (1) reason, each reason will have a separate line entry with applicable hours (two (2) separate line entries are required with applicable hours).
- When an employee’s shift crosses two (2) calendar days, two (2) separate line entries are required. Each will be represented on its own line.

Form Submission

Direct supervisors must submit BOTH PAGES of this form to their department human resources representative or applicable human resources (HR) office or System HR (for System Office employees), UIS HR (for UIS employees), UI Health HR (for UI Hospital and Clinics), or Rockford or Peoria HR (UIC College of Medicine Rockford and Peoria).

The department human resources representative recipient who received this form from the direct supervisor, must email this signed/dated denial document to the employee and direct supervisor listed above AND must include their applicable HR office listed below:

Urbana-Champaign: ihr@illinois.edu

Chicago: uichrleaves@uillinois.edu

UI Health: uihhr@uic.edu

Springfield: uishr@uis.edu

System Office: erhr@uillinois.edu

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To Be Completed by Direct Supervisor

EMPLOYEE INFORMATION

Employee Name: Last: _____ Middle: _____ First: _____

UIN: _____ NetID: _____

COA: _____ Organization Code: _____ Organization Name: _____

University E-mail: _____

DIRECT SUPERVISOR INFORMATION

Direct Supervisor Name: Last: _____ Middle: _____ First: _____

UIN: _____ NetID: _____

COA: _____ Organization Code: _____ Organization Name: _____

University E-mail: _____

DENIAL REASONS

The University of Illinois has seven (7) specific reasons to deny Paid Leave for All Workers (PLFA) leave.

- 1) The employee does not qualify for or has exhausted their Paid Leave for All Workers leave.
- 2) The employee is not scheduled to work during the period in which leave is being requested.
- 3) The employee is needed to fulfill minimum established staffing requirements in order to meet a legal, contractual, or accreditation obligation.
- 4) The employee's absence will have a significant impact on the delivery of a service that is critical to the health, safety, or welfare of the University of Illinois.
- 5) The employee has instructional responsibilities during critical periods, including but not limited to the week prior to, and the week of, midterms and finals.
- 6) The employee is requesting leave in the week before the beginning of a semester and has a job function critical to the planning and preparation for the semester.
- 7) The employee has requested leave in a limited circumstance in which the employee's services are absolutely necessary to a function that is core to the university's operations during the period in question. Units should understand that a denial based on this reason should be used sparingly and only after consultation with university or system human resources.

LEAVE DENIAL (DATE(s), HOURS, REASON NUMBER(S))

The maximum denial lines per form is five (5). If there are more than five (5) denials, another form will be required.

Date of Denial: _____ Number of Hours Denied (0.25 to 24 hours): _____ Denial Reason Number: _____

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I HAVE READ AND/OR UNDERSTAND THE FOLLOWING (AS APPLICABLE) - SIGNATURE & DATE

I understand that a copy of this completed leave denial form will be kept after I submit this document. I understand that a copy of this document will be emailed to both me and my employee at the email addresses shown above. Additionally, the signed, dated document will be uploaded by university or system human resources to the employee's record in Banner.

Direct Supervisor Signature

Date

SUBMIT THIS FORM. ALL SECTIONS OF THE FORM MUST BE COMPLETED IN FULL.

Direct Supervisors must submit BOTH PAGES of this form to their department human resources representative or applicable human resources (HR) office or System HR (for System Office employees), UIS HR (for UIS employees), UI Health HR (for UI Hospital and Clinics), or Rockford or Peoria HR (UIC College of Medicine Rockford and Peoria).

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