

**University of Illinois**  
**COVID-19 Restored Sick Leave and Retroactive Paid Administrative Leave**  
**Request and Certification Form**

In accordance with Public Act 102-0697, the University of Illinois System offers COVID-19 Restored Sick Leave and Retroactive Paid Administrative Leave to eligible employees who were employed as of April 5, 2022, the Act's effective date.

Both COVID-19 Restored Sick Leave and Retroactive Paid Administrative Leave require 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.

Employees will certify and affirm their inability to work or telework due to a qualifying reason for the leave taken. 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.

See <https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=1836685> for more details about the University's COVID-19 Restored Sick Leave and Retroactive Paid Administrative Leave.

Employees of UI Health: Before completing this form, contact your leave representative at [uihloa@uic.edu](mailto:uihloa@uic.edu) for COVID-19 Restored Sick Leave and Retroactive Paid Administrative Leave and other leave programs available to health care employees under Federal guidelines.

### *Eligibility for Leave*

To be eligible for either COVID-19 Restored Sick Leave or Retroactive Paid Administrative Leave, an employee:

- 1) Must be **employed on or after April 5, 2022**, the Act's effective date.

**AND**

- 2) Must be "**fully vaccinated against COVID-19**" no later than 5 weeks after the effective date of the Act, which is May 10, 2022. "Fully vaccinated against COVID-19" means:
  - a) 2 weeks after receiving the second dose in a 2-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the United States Food and Drug Administration; or
  - b) 2 weeks after receiving a single dose of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the United States Food and Drug Administration.

**APRIL 26, 2022** is the date the last vaccine needs to have been received to be "fully vaccinated" five weeks after the Act's effective date.

- c) "Fully vaccinated against COVID-19" also includes any recommended booster doses for which the individual is eligible upon the adoption by the Department of Public Health of any changes made by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services to the definition of "fully vaccinated against COVID-19" to include any such booster doses. *At the time of the Act's effective date, booster doses are not currently required.*

OR

- 3) Must have received an approved medical or religious COVID-19 vaccination accommodation with the University by **May 10, 2022** and were fully compliant with all requirements of that accommodation, including testing and/or masking.

### *Qualifying Leave Reasons*

Both COVID-19 Restored Sick Leave and Retroactive Paid Administrative Leave require that an employee was **unable to work or telework** for **one** of the following qualifying reasons:

- 1) The employee received a positive COVID-19 diagnosis via a PCR test or a probable COVID-19 diagnosis via an antigen diagnostic test.
- 2) The employee was in close contact with a person who had a confirmed case a COVID-19 and was required to quarantine in accordance with UIC, UIUC, or UIS campus quarantine and isolation guidelines and/or procedures.
- 3) The employee was 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) The employee had to care for a child who was unable to attend daycare\*, elementary or secondary school because the child had to isolate or quarantine because the child had:
  - a) A confirmed positive COVID-19 diagnosis via a PCR test or a probable COVID-19 diagnosis via an antigen diagnostic test, or
  - b) Been in close contact with a person who has a confirmed case of COVID-19 and was required to be excluded from school, or
  - c) Been required by the school or school district policy to be excluded from school district property due to COVID-19 symptoms.

\*The University of Illinois System has expanded coverage for children in daycare, which would include summer camps, which are not covered by the Act.

### *COVID-19 Restored Sick Leave*

- 1) Personal sick leave taken for qualifying COVID-19 reasons during the **2021 -2022 Academic Year (August 16, 2021 – August 15, 2022)** can be restored. Personal sick leave taken for COVID-19 reasons before or after the 2021 – 2022 Academic Year does not qualify for restoration.
- 2) Personal sick leave must have been taken for one or more of the above qualifying reasons.
- 3) Emergency sick leave taken under a COVID-related leave program that was paid at 100% regular rate of pay, such as FFCRA, ARPA, Hospital EAP, or Temporary Coronavirus-Related Paid Leave, is not personal sick leave and does not qualify for restoration.

### *COVID-19 Retroactive Paid Administrative Leave*

- 1) **March 9, 2020 – April 4, 2022** is the time period for which personal vacation or floating holiday leave can be restored, and for which unpaid leave and/or unpaid time for hours that were scheduled but not worked due to a qualifying reason (such as for employees who do not accrue leave) can be paid.
- 2) All employees, including those in positions that do not accrue leave, e.g., student employees, extra help, hourly, may qualify if eligibility and leave requirements are met.

- 3) Personal vacation/floating holiday leave, unpaid leave, and unpaid time for hours not worked must have been taken for one or more of the above qualifying reasons.
- 4) Personal vacation/floating holiday leave time will be restored and does not qualify for retroactive payment.
- 5) Unpaid leave or unpaid hours that were scheduled but not worked due to a qualifying reason will be retroactively paid at the employee's rate of pay at the time it was taken/not worked.
- 6) There will be no change to leave balances or pay when an employee received full pay under another COVID-19 leave program, such as:
  - i) EAP (excused absence with pay)
  - ii) FFCRA Emergency Paid Sick Leave 100% regular rate of pay
  - iii) ARPA Emergency Paid Sick Leave 100% regular rate of pay
  - iv) University's Temporary Coronavirus Paid Sick Leave 100% regular rate of pay

**COVID-19 RESTORED SICK LEAVE AND RETROACTIVE PAID ADMINISTRATIVE 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: _____ <b>NOTE: If you have more than one qualifying leave reason or more than one leave event, submit a separate form for each reason/event.</b>
ELIGIBILITY AND REASON FOR LEAVE
<p><b>Mark those that apply.</b></p> <p>_____ 1. I was <b>employed on or after April 5, 2022</b>, the Act's effective date.</p> <p><b>AND</b></p> <p>_____ 2. I was "<b>fully vaccinated against COVID-19</b>" no later than 5 weeks after the effective date of the Act, and received the second dose of a 2-dose series or the vaccine of a single dose series by <b>April 26, 2022</b>. Date of last vaccine: ____/____/____. <u>My vaccination status is on file with the University according to University guidelines.</u></p> <p><b>OR</b></p> <p>_____ 3. I had an approved medical or religious COVID-19 vaccination accommodation with the University <b>by May 10, 2022</b> and was <u>fully compliant with all requirements of that accommodation</u>, including testing and/or masking. Date of approved accommodation: ____/____/____</p> <p><b>Because of COVID-19, I was unable to work or telework because I (mark only one):</b></p>

\_\_\_\_\_ 1. 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. Was 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. Was 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. Needed to care for a child(ren) who were unable to attend daycare, elementary or secondary school because the child(ren) had isolate or quarantine because the child(ren) had:

- 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.

**TYPE OF LEAVE AND DATES FOR WHICH LEAVE IS REQUESTED**

**Mark only ONE.**

**NOTE: If you have more than one qualifying leave reason or more than one leave event, submit a separate form for each reason/event.**

\_\_\_\_\_ 1. Restore the **personal sick leave** time I took between August 16, 2021 and August 15, 2022 for the above qualifying reason. Dates of personal sick leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested number of sick leave hours to restore\* \_\_\_\_\_

\_\_\_\_\_ 2. Restore the **personal vacation/floating holiday leave** time I took between March 9, 2020 and April 4, 2022 for the above qualifying reason. Dates of personal vacation leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested number of vacation leave hours to restore\* \_\_\_\_\_

\_\_\_\_\_ 3. Issue payment for the **unpaid leave** I took **OR** for the **scheduled hours I was unable to work** between March 9, 2020 and April 4, 2022 for the above qualifying reason. Dates of unpaid leave/unworked time: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested number of unpaid hours\* \_\_\_\_\_

\*Requested hours will be verified by HR. Differences in hours between the requested amount and university HR records will be reviewed.

\_\_\_\_\_ I was on SURS disability or workers compensation for the qualifying COVID-19 reason above between March 9, 2020 and April 4, 2022. (If checked, an HR representative will contact you about eligibility for Retroactive Paid Administrative Leave while on SURS disability or workers compensation.)

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 Restored Sick Leave and Retroactive Paid Administrative Leave” above and understand all my obligations under this leave. To the extent the circumstances that necessitated 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 was 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 Restored Sick Leave and Retroactive 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)

**== Attach this page ONLY in PDF format to HR Front End (HRFE) Administrative (ADM) transaction==**

Employee Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Dept./Unit: \_\_\_\_\_

1. Was the employee employed on or after April 5, 2022? Yes    No
2. Has the employee certified they were fully vaccinated or received an approved medical or religious accommodation from the university by May 10, 2022? Yes    No
3. Is the reason for the leave because of one of the four reasons for qualifying leave? 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 Restored Sick Leave and Retroactive Paid Administrative Leave.

\_\_\_\_\_  
\_\_\_\_\_

**Time to be restored or paid out:**

Number of **sick leave hours** to be restored: \_\_\_\_\_

Number **vacation leave hours** to be restored: \_\_\_\_\_

Payment for unpaid leave or unpaid time not worked:

Amount of payment \$ \_\_\_\_\_ OR Number of hours \_\_\_\_\_ at \_\_\_\_\_ rate (the rate at the time the unpaid leave/time not worked occurred.)

**Additional notes/comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign below to indicate your review of this COVID-19 Restored Sick Leave and Retroactive 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 Restored Sick Leave and Retroactive Paid Administrative Leave, please consult your central/university Human Resources office before denying the leave. Contact HR if you have additional questions.*