University of Illinois
Temporary Coronavirus Paid Leave Form
(Effective October 1, 2021 until Further Notice)

TEMPORARY CORONAVIRUS PAID LEAVE

University of Illinois Temporary Coronavirus Paid Leave provides employees with up to 2 weeks of paid leave for limited eligible reasons (see below). Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment. Information regarding the University’s Temporary Coronavirus Paid Leave may be accessed here: https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=1653117

Eligibility

Employees are eligible from the first day of employment for Temporary Coronavirus Paid Leave if they are unable to work or telework for one of the three qualifying reasons.

Temporary Coronavirus Paid Leave will be paid at regular rate of pay under the FLSA when:

1. Employee is subject to a Federal, State, or local isolation* order;
2. Employee is obtaining a COVID-19 vaccination; and/or
3. Employee is recovering from any injury, disability, illness, or condition related to the vaccination.

* For the purposes of this leave, isolation uses the CDC’s definition and means when the employee has been infected with the virus, even if they do not have symptoms. https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html

Amount of leave

If subject to a Federal, State, or local isolation order:

- Full-time employees are eligible for up to two weeks of leave time, based on their regular schedule over a 2-week period, up to a maximum of 80 hours.
- Part-time employees are eligible for a number of hours equal to the number of hours the employee works, on average, over a 2-week period.
- Intermittent leave: Temporary Coronavirus Paid Leave may only be taken intermittently if you are teleworking.

If obtaining a COVID-19 vaccination, and/or recovering from any injury, disability, illness, or condition related to the vaccination:

- Full-time employees are eligible for up to two days of leave time, based on their regular schedule, up to a maximum of 16 hours.
- Part-time employees are eligible for a number of hours equal to the number of hours the employee works, on average, over a 2-day period.
- Intermittent leave: Temporary Coronavirus Paid Leave for one of these reasons may be taken intermittently.

Notice of leave request

- Employees are required to follow departmental/university leave notice procedures for their intent to use Temporary Coronavirus Paid Leave.
  AND
- Employees should complete the Employee Certification and the To Be Completed By Employee portion of the Temporary Coronavirus Paid Leave Form and submit it to their supervisor or applicable human resources (HR) office.

Revised 10/2021
TEMPORARY CORONAVIRUS PAID LEAVE REQUEST 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 or telework because I (mark only one):

_____ 1. Am subject to a Federal, State, or local isolation order. (Paid at regular rate of pay, up to 2 weeks, up to 80 hours.)

_____ 2. Am obtaining a COVID-19 vaccination. (Reasons 2 and 3 are paid at regular rate of pay. Days/Hours used for Reasons 2 and 3, combined, shall not exceed a total of 2 days or 16 hours.)

_____ 3. Am recovering from any injury, disability, illness, or condition related to the vaccination. (Reasons 2 and 3 are paid at regular rate of pay. Days/Hours used for Reasons 2 and 3, combined, shall not exceed a total of 2 days or 16 hours.)

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: Temporary Coronavirus Paid Leave may only be taken intermittently if you are either 1) obtaining a vaccination, or recovering from any injury, disability, illness, or condition related to the vaccination, or 2) teleworking if you are subject to an isolation order.

I have read the information regarding the “Temporary Coronavirus Paid 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.

______________________________________________ ______________________
Employee Signature Date
EMPLOYEE CERTIFICATION FOR LEAVE REQUESTED UNDER TEMPORARY
CORONAVIRUS PAID LEAVE

Employee Name: ____________________________________________

I request leave from ____________ to ____________ for the reason indicated below.

Expected Start Date ____________

Expected End Date ____________

I am unable to work (including telework) because of the following reason:

_____ I am subject to a federal, state, or local isolation order for Coronavirus.

Name of the governmental entity ordering quarantine or isolation: ____________________________

_____ I am obtaining a COVID-19 vaccination.

__________________________

_____ I am recovering from an injury, disability, illness, or condition related to the vaccination.

__________________________

I certify and affirm that I am unable to work (including telework) because of the above indicated reason and that the information provided in this certification form is true and correct.

Date: ____________________________

Employee Signature

__________________________
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<thead>
<tr>
<th>1. Has employment commenced?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>(If no, the employee is not eligible for Temporary Coronavirus Paid Leave.)</td>
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| 2. Is the reason for the leave because of one of the three reasons for qualifying leave? | Yes | No |

| 3. Does the employee certification support the request for leave? | Yes | No |
| If no, please describe: |

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

If “no,” state reason.

__________________________

__________________________

__________________________

**Additional notes/comments:**

__________________________

__________________________

__________________________

Please sign below to indicate your review of this Temporary Coronavirus Paid Leave request.

____________________________________________

Authorized Signature (Department, Unit, System HR, UI Hospital Leave Coordinator)  

Date

If the unit believes that the employee is not eligible for Temporary Coronavirus Paid Leave, please consult your central/campus Human Resources office before denying the leave. You may also contact HR if you have additional questions.

The unit is responsible for tracking and reporting Temporary Coronavirus Paid Leave.