

**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.

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:**

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

Name of the governmental entity ordering quarantine or isolation: \_\_\_\_\_

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\_\_\_\_\_ I am obtaining a COVID-19 vaccination.

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

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**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

**TO BE COMPLETED BY COLLEGE/UNIT HR OFFICE, SYSTEM HR (FOR SYSTEM OFFICE EMPLOYEES), OR HOSPITAL LEAVE COORDINATOR (FOR UI HOSPITAL AND CLINICS)**

1. Has employment commenced? Yes    No

(If no, the employee is not eligible for Temporary Coronavirus Paid Leave.)

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.

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**Additional notes/comments:**

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**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.