

COVID-19 Paid Leave Application

Name: _____ WIU ID#: _____

Contact Ph.: _____ Work Ph.: _____

Department: _____ Supervisor: _____

Beginning Date for Leave: _____ Estimated Length of Leave _____

Last Day Worked: _____ Normal Work Schedule (Days & Times): _____

Type of Leave: Continuous Reduced Schedule

PRIOR TO COMPLETING THIS FORM, PLEASE REVIEW THE COVID-19 PAID LEAVE POLICY AT THE FOLLOWING LINK: http://www.wiu.edu/human_resources/covid19_paid_leave.php

Please mark the covered reason that applies for your request for leave:

- (1) I have a confirmed positive test for COVID-19 via a PCR test and am required to isolate.
- (2) I have been in close contact with a person who had a confirmed case of COVID-19 and am required to quarantine.
- (3) I am required by University policy to be excluded from University property due to COVID-19 symptoms.
- (4) I must care for a child who:
- has a confirmed positive test for COVID-19 via a PCR test or a probable positive test for COVID-19 via an antigen diagnostic test and is required to isolate
 - has been in close contact with a person who had a confirmed case of COVID-19 and is required to quarantine
 - has been required by the school or school district policy to be excluded from school district property due to COVID-19 symptoms.

Proof of Vaccination Status

Please initial the statements below:

- I am or will be fully vaccinated with a COVID-19 vaccine approved by the Food and Drug Administration per COVID-19 Paid Leave policy.
- I will provide proof of vaccination against COVID-19. Please submit a copy of your COVID-19 vaccination card.

Medical or Religious Vaccination Exemption

- I understand that I may qualify for this leave without being considered fully vaccinated against COVID-19 if I have a medical or religious accommodation from the vaccine on file with the University and I am following all the requirements of the accommodation.
- By initialing this statement, I certify that I have an accommodation on file at the time of my leave, and I am following all the requirements of the accommodation.
- I understand that I must provide Human Resources with confirmation of my medical or religious COVID-19 vaccination accommodation from the Office of Equal Opportunity and Access.

Please initial and make any requested elections on the statements below:

- I understand that I need to provide documentation to substantiate my need for leave. If it is found that I have falsified my need for leave, my leave may be denied and/or I may be subject to disciplinary action up to and including termination. Documentation requirements below.

Reason 1: proof of a positive PCR test result or notice from a local health department of the need to isolate

Reason 2: notice from a local health department indicating I have been identified as a close contact and am required to quarantine

Reason 3: proof of a positive PCR test result or notice from a local health department of the need to isolate for my child; OR notice from a local health department or the student's school that the child has been identified as a close contact and is required to quarantine; OR notice from the student's school that the child has been excluded from school district property due to COVID-19 symptoms

- I understand that if I intend to use COVID-19 Paid Leave on a reduced schedule basis, my reduced schedule must first be approved by my department. Should my request be denied, my leave will be processed as a continuous leave of absence.
- I understand that while on leave I will be required to furnish Human Resources with periodic reports of my status and intent to return to work when requested.
- I understand that when applying for a Paid COVID-19 Leave, I am responsible for following my normal departmental call-in procedural requirements until notification of approval has been received. When an employee does not comply with the departmental call-in procedural requirements, Paid COVID-19 Leave may be delayed or denied.
- Information and updates regarding my leave will be provided through my Western Illinois University email account. It is my responsibility to ensure that my email is active and remains active while on leave. If I require any assistance with my email notifications, I will contact the University Technology Support Center at 309-298-TECH (8324).

By signing this form, I attest all the information listed above is accurate.

Applicant's Signature: _____ Date: _____

Submit completed form and documentation to HR-Benefits@wiu.edu or HR, Sherman Hall 105.