



COVID- 19 Leave Request Form

Directions for applying for leave:

- Employee completes the COVID-19 Leave Request Form and gives it to their supervisor for signature. The form then gets sent to Human Resources & Payroll Services.

For questions and submission of forms contact Sheila Scott, Payroll & Benefits Manager (scottsh@potdam.edu)

Part I: Personal Information

Employee's Name:	Telephone #:
Address:	

Part II: Leave Request Data

<input type="checkbox"/> EFMLA <input type="checkbox"/> FEPSLA (Paid 80 or 75 hrs only):	
<input type="checkbox"/> Employee subject to Fed, State, Local Quarantine or isolation order (FEPSLA ONLY)	
<input type="checkbox"/> Employee advised by health care provider to precautionary quarantine (FEPSLA ONLY)	
<input type="checkbox"/> Employee experiencing symptoms seeking medical diagnosis (FEPSLA ONLY)	
<input type="checkbox"/> Employee caring for individual subject to the first 2 above (FEPSLA ONLY)	
<input type="checkbox"/> Employee child care provider is closed and employee cannot work (EFMLA and/or FEPSLA)	
Date FEPSLA is to begin:	Date you expect to return to work:
How many weeks of EFMLA requested?	EFMLA start date?
Do you want to use accruals during first 10 days of EFMLA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to use FEPSLA during the first 10 days of EFMA:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part III: Employee Entitlement and Responsibilities

- I understand that:**
- During my FMLA-eligible period of paid leave, my benefits will continue.
 - For unpaid leave only: information on continuing premium payments will be sent to me by the Employee Benefits Division, NYS Department of Civil Service, after the Division is notified of my FMLA leave without pay.
 - I am responsible for notifying Human Resources immediately, in writing, of any changes(s) in the leave period.
 - I understand that if I am requesting FEPSLA due to unavailable childcare, I will be at 2/3 of my regular pay.

Employee Signature:	Date:
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Part IV: Supervisor Information

Supervisor Signature:	Print Name:	Date:
Department Head Signature:	Print Name:	Date: