

PAID LEAVE FOR COVID-19 RELATED ILLNESS, CHILD CARE OR QUARANTINE REQUEST FORM

On December 31, 2020, the additional leave programs provided in the federal Family First Coronavirus Recovery Act (FFCRA) ended. In support of employees in the continuing COVID-19 pandemic period, effective January 1, 2021, the University will extend the opportunity for up to 80 total combined hours of paid leave for employees affected by COVID-19. **This leave program is not a continuation of the FFCRA leave.**

- Employees who used a portion of the available FFCRA 80 hours in 2020 may use the remainder as COVID-19 leave in 2021 but in no case may use any combined total of more than 80 hours for quarantine, illness or childcare (including hours used as FFCRA).
- The 80-hour maximum will be prorated for less than full-time employees.
- Employees using COVID-19 leave will be eligible to receive full pay but not to exceed \$511 per day or approximately \$133,000 annualized.
- Qualified leave may be applied retroactively to January 1, 2021.
- COVID-19 leave guidelines will be modified, suspended, or ended as necessary to meet changing needs and regulations of the current pandemic environment.

Requestor Information:

Employee Name: _____ Employee ID: _____

Cell Phone #: _____ Email Address: _____

Supervisor Name: _____ Department: _____

Date of leave to begin: _____ Date of leave expected to end: _____

Average number of hours normally worked within a two-week period: _____

For such paid leave to be granted, one of the following requirements must be met:

1. Due to Coronavirus the employee is subject to a federal, state, or local quarantine order.
2. The employee has been directed by the Department of Health or other health authority to quarantine due to Coronavirus.
3. Due to Coronavirus the employee is subject to extended campus return-to-work guidelines (up to 14 days rather than the 7- and 10-day options provided by the AR Department of Health).
4. The employee is experiencing Coronavirus symptoms and is seeking a medical diagnosis.
5. The employee must provide care for their dependent child whose school or daycare is closed due to COVID-19.

Please specify which reason you are requesting this leave: _____ (Select one reason 1 – 5)

I certify that the above information is true and correct to the best of my knowledge. I also certify that I am unable to work or telework because of one of the reasons above, as well as:

- I am unable to work from home due to illness or have a job in which working from home is not possible.
- I will provide (within a reasonable time established by the campus) appropriate physician, school, Department of Health, or equivalent documentation supporting the leave utilization.
- I have not previously used 80 hours of COVID-19 leave as was provided by the federal Family First Coronavirus Relief Act (FFCRA).

Employee Signature: _____ Date: _____

Failure to provide appropriate documentation for COVID leave will result in recharacterization of the leave taken as sick, vacation or leave-without-pay within the established leave use guidelines. (Sick leave may not be used for childcare purposes due to school closure.)