

To request leave as related to COVID-19, please complete this form and return it to sarah.henderson@oit.edu

EMPLOYEE INFORMATION				
Name:		ID#:		
Department:		Job Title:		
Employee Type:	<input type="checkbox"/> Classified	<input type="checkbox"/> Faculty	<input type="checkbox"/> Unclassified Admin	<input type="checkbox"/> Student Employee
Supervisor Name:				
Contact information while on leave				
Personal Email:				
Mailing Address:				
Phone:				
LEAVE INFORMATION				
I am requesting a leave of absence for the following reason:				
<input type="checkbox"/> 1) Due to a local, federal, quarantine or isolation order				
<input type="checkbox"/> 2) To self-quarantine as advised by a medical provider due to COVID-19 concerns				
<input type="checkbox"/> 3) Is experiencing symptoms of & seeking medical care for symptoms of COVID-19				
<input type="checkbox"/> 4) Is caring for an individual subject to 1) or 2) above				
<input type="checkbox"/> 5) Is caring for a child(ren) whose school(s) or place(s) of care has/have been closed in for a public health emergency related to COVID-19				
<input type="checkbox"/> 6) Other: (specify)				
Please specify the individual(s) the leave is for and the relationship:				
Name(s):				
Relationship:				
Age(s):				
School(s)/Care Center(s):				
Are you able to work an alternate schedule?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Have not explored		
Are you able to telework?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Have not explored		
I am requesting a leave of absence with the following schedule:				
<input type="checkbox"/> Full-time leave from		to		
<input type="checkbox"/> Intermittent leave from		to		
<input type="checkbox"/> Reduced-schedule leave from		to		
Describe proposed intermittent or reduced schedule:				
Specify the sequence in which you wish to use leave, after Emergency Sick Leave (i.e. 1st, 2nd, etc.):				
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vacation	<input type="checkbox"/> Personal Days	<input type="checkbox"/> Comp. Time	<input type="checkbox"/> Leave without Pay
Do you wish to supplement any leave paid by the university with your accrued leave?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Employee Signature

Date