

Rocky Mountain College

Request for COVID-19 Expanded Paid Sick Leave

Valid from April 1, 2020 through December 31, 2020

To request emergency paid sick leave as provided under Rocky Mountain Colleges' COVID-19 Expanded Paid Sick Leave Policy, please complete this request form and submit it to the Human Resources Office as soon as possible before leave commences.

Employee ID#: _____

Employee Name (print clearly): _____

Employee position: ___ Full-time ___ Part-time

Department: _____

Immediate Supervisor: _____

Requested Leave Start Date: _____ Estimated Leave End Date: _____

Number of emergency paid sick leave hours requested: _____ hours

Reason for this emergency paid sick leave request (check appropriate reason below):

___ I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

___ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

___ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

___ I am caring for an individual who is subject to either #1 or #2 above.

___ I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions.

For any child older than 14 years old, provide a statement detailing the special circumstances that exist requiring you to provide care during working hours:

___ I am experiencing another substantially similar condition specified by the secretary of health and human services.

___I am unable to work remotely from home and am unable to do so. Please explain. _____

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Department's Vice President's Signature: _____ Date: _____

Office of Human Resource's Signature: _____ Date: _____

HR: Select which entitlement and number of hours eligible for

Entitlement code: _____ Emergency Sick Leave Full pay Max hours 80 FTE / PTE pro rate

_____ Expanded FMLA 2/3 pay up to 10 weeks