

ECU Department of Human Resources-Benefits

210 East 1<sup>st</sup> Street, Greenville, NC 27858 | Mail Stop: 205 | Phone: 252-328-9887 | Fax: 252-328-9918

I. EMPLOYEE DATA					
Employee Name:		Banner ID:			
Divison:		Department:			
Supervisor:		Kronos Super Admin:			
Home Address:		Personal Phone:			
		Email Address:			
*Approval is sent by email					
II. QUALIFYING LEAVE REQUEST REASON					
<p>An employee is entitled to take leave related to COVID-19 if the employee is unable to work, <u>including unable to telework</u>, because of a qualifying reason. Please select the qualifying reason for which you are seeking leave:</p>					
<p><b>1) I'm subject to a Federal, State, or local quarantine or isolation order related to COVID-19,</b>            Name of Government Entity that Issued Isolation/Order: _____</p>					
<p><b>2) I have been advised by a health care provider to self-quarantine related to COVID-19,</b>            Name of Health Care Provider that Advised Isolation: _____</p>					
<p><b>3) I'm experiencing COVID-19 symptoms and seeking a medical diagnosis,</b>            I understand that in order to qualify for FFCRA Leave under this condition I must be seeking a medical diagnosis.</p>					
<p><b>4) I'm caring for an individual subject to an order described in (1) or self-quarantine as described in (2),</b>            Name of Individual: _____ Relationship of Individual to you: _____            Name of Government Entity or Health Care Provider that Issued Isolation/Order: _____</p>					
<p><b>5) I'm caring for my child whose school or place of care is closed (or child provider is unavailable) due to COVID-19 related reasons, or</b>            Name of Child(ren): _____ Name of School or Childcare Provider: _____            I confirm that no other suitable person is available to care for my child(ren) during the period of requested leave.</p>					
III. REQUESTED LEAVE SCHEDULE AND SUPPLEMENTAL LEAVE COVERAGE					
Requested Start Date:		Anticipated Return Date:		or	Unknown
<p>In certain situations, FFCRA emergency leave is capped at two-thirds of regular pay up to \$200 daily. If you are eligible for COVID-19 paid administrative leave, then the COVID-19 leave will be used to supplement the emergency leave. If COVID-19 paid administrative leave is not available, you may request to use other available leave or paid time off. Please complete the section below to supplement this emergency leave with your accrued leave.</p>					
<p>1) Do you plan to use accrued leave to supplement emergency leave if COVID-19 administrative leave is not available?      Yes      No</p>					
<p>2) If yes, please indicate the leave type(s):      COVID-19 Leave      Compensatory Leave      Sick Leave      Vacation Leave               Bonus Vacation Leave      Other: _____</p>					
IV. EMPLOYEE CERTIFICATION AND SIGNATURE					
<p>By signing below, I acknowledge the information provided above is accurate. I confirm that I am unable to work (including unable to telework) for the requested leave dates. I understand that any falsification of information may lead to appropriate administrative action, up to and including dismissal.</p>					
Employee's Signature:		Date:			
V. SUPERVISOR ACKNOWLEDGEMENT					
Supervisor's Signature:		Date:			
VI. FOR HR OFFICE USE ONLY					
Date of Hire:		30-day Employment Requirement (for EFMLEA requests only)			
FFCRA/FMLA Leave:	Approved	Denied	EPSLA	EFMLEA	
Signature (HR Rep):				Review Date:	

**Submit the completed request form to the HR Benefits Office by email to AdminLeaveRequests@ecu.edu for processing.**