



University of Wisconsin–Madison

Request for COVID-19 Related Leave

(Use this form to request leave taken on or after January 1, 2021)

Please print out and complete this form or complete it electronically.

Please email the completed form to the Divisional Disability Representative (DDR) in your school, college or division; they are responsible for handling confidential medical information. To find your DDR, visit employeedisabilities.wisc.edu/divisional-disability-representatives-ddr.

The Families First Coronavirus Response Act (FFCRA), that provided paid leave to employees for COVID related reasons, expired on December 31, 2020 and is no longer available. You can use your accrued leave time to cover your absence, or you may request leave without pay (See section 4 for more info).

➔ Please complete sections 1 through 5. If you need assistance with this form, [contact your DDR](#).

Section 1: Personal and Contact Information

Name:		Employee ID:	For office use only
Job Title:		Supervisor:	
Department:		Preferred phone number:	
Preferred email address while on leave:		What is the best way to reach you?	<input type="checkbox"/> Preferred email <input type="checkbox"/> Preferred phone number

Section 2: Reason(s) for Leave Request and Required Documentation

- Your DDR will use the information below to determine which leave options you may qualify for. If you qualify for more than one leave option, your DDR will choose the one that gives you the greatest benefit. When eligible, leave programs may run concurrently.
- You will need to provide the required information for the reason(s) you select below.
- You must provide the requested written documentation to your Divisional Disability Representative (DDR) no more than 15 calendar days after the first day of your leave request.

Indicate the reason(s) you are requesting leave below. Check all that apply.

I am unable to work my full shift, including telework, because:	
2.1	<input type="checkbox"/> I am subject to a federal, state, or local quarantine or isolation order related to COVID-19, <u>other than a state or local order substantially similar to the Wisconsin “Safer at Home” order</u> . Please indicate the name of the government entity that issued the quarantine or isolation order, <hr/>
2.2	<input type="checkbox"/> I have been advised by a health care provider to self-quarantine because of COVID-19. Please provide written documentation from your health care provider advising you to self-quarantine. <input type="checkbox"/> Documentation attached or will be provided separately
2.3	<input type="checkbox"/> I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis, or I have tested positive for COVID-19. Please provide written documentation from your health care provider or testing location that was consulted regarding your COVID-19 symptoms or diagnosis. <input type="checkbox"/> Documentation attached or will be provided separately

2.4	<input type="checkbox"/> I am caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine. 1. Please provide written documentation from the individual's health care provider advising quarantine or advising on care related to the individual's COVID-19 symptoms or COVID-19 diagnosis. 2. Please list the name of the individual you are caring for and their relationship to you: _____ _____ <input type="checkbox"/> Documentation attached or will be provided separately
2.5	<input type="checkbox"/> I am caring for my minor child whose school or place of care is closed, or childcare provider is unavailable due to COVID-19 precautions. For minor children over the age of 14, I have described the special circumstances requiring I provide care to my child(ren). Respond to these questions if you are requesting leave for this reason. 1. Name(s) and age(s) of child(ren) to be cared for: _____ _____ 2. For child(ren) over the age of 14, please provide a statement that explains the special circumstances requiring you to provide care to your child(ren) during daylight hours: _____ _____ 3. Name of the school(s) that is closed or participating in <input type="checkbox"/> virtual instruction or <input type="checkbox"/> hybrid instruction, childcare facility that is closed, and/or childcare provider that is unavailable during the period for which you are requesting leave: _____ _____ <input type="checkbox"/> My signature on page 3 certifies that no other suitable person will be caring for my child(ren) during the period of time that I am taking leave.

Section 3: Leave Type(s) and Anticipated Dates Requesting Leave

Check all that apply.

- Continuous Leave First date of leave: _____ Last date of leave: _____
Continuous leave is leave that is taken in one block of time and not broken up by periods of work.
- Intermittent Leave First date of leave: _____ Last date of leave: _____
Intermittent leave is leave taken in separate blocks of time due to one qualifying reason.
- Reduced Work Schedule First date of leave: _____ Last date of leave: _____
Reduced work schedule is leave that reduces your usual number of working hours per day or week.

Describe the intermittent and/or reduced leave schedule (please note that these require supervisor approval):

Section 4: Pay During Leave

The Families First Coronavirus Response Act (FFCRA), that provided paid leave to employees for COVID related reasons, expired on December 31, 2020 and is no longer available.

You will now use your own accrued paid leave to remain in pay status during your COVID related leave. You may be able to use your Vacation, including Vacation Carryover and Banked Vacation, Personal Holiday and/or Sick Leave.

An addendum was added to the [Sick Leave policy](#) that temporarily expands UW-Madison's Sick Leave Policy to allow the use of sick leave for additional COVID-19 reasons. If you are taking leave for reasons 2.4 or 2.5, you may be eligible to use your sick leave during your absence. You will be required to exhaust all of your accrued vacation (not including banked leave) and personal holiday leave before you would be eligible to use your sick leave. This addendum is set to expire on March 1, 2021.

If you do not have enough accrued paid leave to apply during your COVID related leave, your leave will be unpaid.

You may verify your paid leave balances by logging into MyUW at <https://my.wisc.edu>. Click on the "Time and Absence" module and then click on the "Absence Balances" tab.

Please [contact your DDR](#) if you have questions about your earned leave amounts or your leave request.

I will be applying my accrued paid leave to remain in pay status during my COVID related leave.

OR

I do not have enough accrued paid leave to remain in pay status during my COVID related leave and will take some or all of my leave without pay.

Required I understand that if I don't have enough accrued paid leave to cover my leave, I will not receive my full pay during my leave.

Please note: Taking leave without pay may affect your benefits, including health insurance and allocation of paid leave. Please contact Benefits Services, Office of Human Resources, at benefits@ohr.wisc.edu to discuss payment of premiums and any other questions related to your benefits and allocation of paid leave.

Section 5: Signatures

I am requesting leave because **I am unable to work my full shift, including telework**, for the reason(s) and during the time period I have indicated on this form.

Employee Signed or Typed Signature (*Required*)

Date

DDR Approval Signature

Date

Supervisor Signature
(*Required for intermittent and/or reduced leave schedule*)

Date

For office use only:

The employee's supervisor has been notified of this leave request (either by employee or HR).

Revised 12/29/2020

Use for leave taken on or after 01/01/2021