**COVID-19 Initial Leave Request &**

**Extension Form**

Effective: 4/1/20

Supersedes: First Issue

**Depending on computer model and software, this form may not function properly. If you need assistance with this form, please contact Michele Avendano, HR Coordinator—Comp. & Benefits, at: avendano.michele@gaston.edu.**

Use this form to initially request a COVID-19 related leave, or extend an already approved COVID-19 related leave.

**Steps to Complete and Submit this Form**:

1. Employee completes this form and sends it to his or her supervisor via email. This form does NOT need to be signed.
2. Supervisor submits the form to Michele Avendano, HR Coordinator—Comp. & Benefits, at: **avendano.michele@gaston.edu**.
3. Employee submits supporting documentation for the leave request to Michele Avendano at: **avendano.michele@gaston.edu**.

**Supporting Documentation Guidelines**

* For Qualifying Reasons #1, #2, and #3, and #4 on the Emergency Paid Sick Leave & Emergency Paid Administrative Leave Chart, the employee will need to submit medical certification by a qualified healthcare provider.
* For Qualifying Reason #5 on the Emergency Paid Sick Leave & Emergency Paid Administrative Leave Chart, the US Department of Health and Human Services has not yet issued guidance on what is considered a “substantially similar condition.”
* For Qualifying Reasons #6 on the Emergency Paid Sick Leave & Emergency Paid Administrative Leave Chart, and for Emergency FMLA Leave, examples of documentation that the employee might submit include: a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.
1. Michele Avendano reviews the leave request form and supporting documentation for approval and coordinates the leave.
2. NOTE:  Supervisors who are aware that an employee may need to complete and submit this form, but have not received it from the employee, should notify Michele Avendano at: **avendano.michele@gaston.edu**.
3. This form is also to be used to extend an already approved COVID-19 related leave.
4. **Employee No.** is a 7-digit number located on the top left side of your Pay Advice in WebAdvisor. Click [**here**](https://webadvw.gaston.edu/WebAdvisor/WebAdvisor?TYPE=M&PID=CORE-WBMAIN&TOKENIDX=4798286039)to go to the WebAdvisor Log In.

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| **Employee Information** |
| **Name:**       | **Employee No.:**         | **Date of Request:**     |
| **Job Title:**      | **Main Campus Location:**            | **Hire Date:**        |
| **Address While on Leave:**          |
| **Telephone #:**           | **Cell Phone#:**          | **E-Mail Address:**           |
|  |
| **Leave of Request Information** |
|  This Leave Request is: [ ]  An Initial Request [ ]  A Request for an Extension to an Already Approved Leave |
|  I am requesting a leave of absence from to . The last day I plan to work is . |
| Qualifying Reason Related to COVID-19 (Check only 1)I am unable to work or telework and: [ ]  I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.[ ]  I have been advised by a healthcare provider to self-quarantine related to COVID-19.[ ]  I am experiencing COVID-19 symptoms and seeking a medical diagnosis. [ ]  I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19, or has been advised by a healthcare provider to self-quarantine related to COVID-19.[ ]  I am experiencing other substantially-similar condition specified by the U.S. Department of Health and Human Services (USDHS).  (Note: The USDHHS has yet to define.)[ ]  I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19. |
| **Signatures (Not required if this form is submitted via email):** |
| Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HR Use Only**

Date Request Received:  Date Documentation Received:  [ ]  Approved [ ]  Not Approved

Notes: