



**COVID-19 Paid Administrative Leave Application**

Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Contact Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Beginning Date for Leave: \_\_\_\_\_ Estimated Length of Leave: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Normal Work Schedule (Days & Times): \_\_\_\_\_

**Type of Leave:**            Continuous                      Reduced Schedule

**Please mark the covered reason that applies for your request for leave:**

\_\_\_ (1) The employee has a confirmed positive test for COVID-19 via a PCR test or a probable positive test for COVID-19 via an antigen diagnostic test and is required to isolate.

\_\_\_ (2) The employee has been in close contact with a person who had a confirmed case of COVID-19 and is required to quarantine.

\_\_\_ (3) The employee is required by University policy to be excluded from University property due to COVID-19 symptoms.

\_\_\_ (4) The employee must care for a child who:  
       \_\_\_ has a confirmed positive test for COVID-19 via a PCR test or a probable positive test for COVID-19 via an antigen diagnostic test and is required to isolate  
       \_\_\_ has been in close contact with a person who had a confirmed case of COVID-19 and is required to quarantine  
       \_\_\_ has been required by the school or school district policy to be exclude from school district property due to COVID-19 symptoms.

**Proof of Vaccination Status**

Please initial the statements below.

\_\_\_ I am or will be fully vaccinated with a COVID-19 vaccine approved by the Food and Drug Administration per policy 3.1.51 COVID-19 Paid Administrative Leave.

\_\_\_ I will provide proof of vaccination against COVID-19. Acceptable proof includes one of the following:

- 1) COVID-19 vaccination card
- 2) Screenshot from the Student Health Services portal which includes your name, any doses of a COVID-19 vaccination, and the date(s) of vaccination
- 3) Proof from your physician's office (ex. screenshot from your patient health portal such as OSF MyChart) showing your name, any doses of a COVID-19 vaccination, and the date(s) of vaccination

*Medical or Religious Vaccination Exemption*

\_\_\_ I understand that I may qualify for this leave without being considered fully vaccinated against COVID-19 if I have a medical or religious accommodation from the vaccine on file with the University and I am following all the requirements of the accommodation.

\_\_\_ By initialing this statement, I certify that I have an accommodation on file at the time of my leave, and I am following all the requirements of the accommodation.

\_\_\_ I understand that I must provide Human Resources with confirmation of my medical or religious COVID-19 vaccination accommodation from the Office of Equal Opportunity and Access or, if granted as a student, Student Access and Accommodation Services.

**Please initial and make any requested elections on the statements below:**

\_\_\_ I understand that I need to provide documentation to substantiate my need for leave. If it is found that I have falsified my need for leave, my leave may be denied and/or I may be subject to disciplinary action up to and including termination. Documentation requirements below.

Reason 1: proof of a positive PCR test result or a probable positive from an antigen diagnostic test OR notice from a local health department of the need to isolate

Reason 2: notice from a local health department indicating the employee has been identified as a close contact and is required to quarantine

Reason 4: proof of a positive PCR test result or a probable positive from an antigen diagnostic test or notice from a local health department of the need to isolate; OR notice from a local health department or the student's school that the child has been identified as a close contact and is required to quarantine; OR notice from the student's school that the child has been excluded from school district property due to COVID-19 symptoms

\_\_\_ I understand that if I intend to use COVID-19 Paid Administrative Leave on a reduced schedule basis, my reduced schedule must first be approved by my department. Should my request be denied, my leave will be processed as a continuous leave of absence.

\_\_\_ I understand that while on leave I will be required to furnish Human Resources with periodic reports of my status and intent to return to work when requested.

\_\_\_ I understand that when applying for a Paid COVID-19 Administrative Leave, I am responsible for following my normal departmental call-in procedural requirements until notification of approval has been received. When an employee does not comply with the departmental call-in procedural requirements, Paid COVID-19 Administrative Leave may be delayed or denied.

\_\_\_ Information and updates regarding my leave will be provided through your Illinois State University email account (xxxxxx@ilstu.edu). It is your responsibility to ensure that your email is active and remains active while on leave. If you require any assistance with your email notifications, please contact the Technology Support Center at 309-438-HELP (4357).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_