

## FY2021-2022 COVID-related Leave Request

### → TYPE RESPONSES INTO FORM BOXES

TODAY'S DATE: \_\_\_\_\_ Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
APS email address: \_\_\_\_\_ Employee Cell Phone #: \_\_\_\_\_  
Employee Mailing Address: \_\_\_\_\_ Supervisor/Principal: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Location #: \_\_\_\_\_ Location Name: \_\_\_\_\_

**STATEMENT** – I understand/confirm the following, as it relates to my request for COVID-related leave:

- I must adhere to the specified, required days of quarantine/isolation, in their entirety.
- A negative COVID-19 test result could result in an *EARLIER* return to work date, **ONLY** for certain situations and as specified in the leave letter.
- The information provided on this form is accurate, and any misrepresentation or misuse will require that I reimburse any money I receive from this request, in addition to addressing any inquiries and/or penalties that may arise.

**FULLY VACCINATED (COVID-19) INDIVIDUALS DO NOT REQUIRE QUARANTINE/ISOLATION OR TESTING, UNLESS SHOWING SYMPTOMS 2+ weeks after last dose (EXCEPTION—when APS closes work location for cleaning due to confirmed exposure):**

DEFINITION: Fully vaccinated = 2 weeks after final vaccine dose

1. Have you received the COVID-19 vaccination?  NO  YES
  - If YES to question #1, which vaccine?
    - Pfizer → DATES: 1<sup>st</sup> dose \_\_\_\_\_ 2<sup>nd</sup> dose \_\_\_\_\_
    - Moderna → DATES: 1<sup>st</sup> dose \_\_\_\_\_ 2<sup>nd</sup> dose \_\_\_\_\_
    - Johnson & Johnson → DATE: only dose \_\_\_\_\_
  - If YES to question #1, for the COVID-related absence dates requested, did you have COVID-related symptoms?
    - NO – only complete the remainder of this form if your APS work location has been closed for exposure.
    - YES – complete the form for your situation.

**EMPLOYEE SIGNATURE** (physical or typed in): \_\_\_\_\_

\*\*COVID leave is taken in full day increments (total number work hours per day), except for vaccine appointment (2-hour maximum).

\*\*Once available COVID leave is exhausted, employee will utilize available accrued leave (sick, personal, annual, unpaid).

\*\* FY2021-2022 COVID leave is for COVID-related events July 1, 2021 – June 30, 2022.

*Type of Leave Being Requested (SELECT I, II or III and complete those details):*

**I. COVID-related Sick Leave, SELF** → if able to work remotely, arrange required isolation/quarantine days with your supervisor. **COMPLETE ITEMS A, B, C, D AND E; form is not complete without these items.**

- eligibility up to 10 days\*\* @ Full Pay, \$511 maximum daily amount
- Leaves Specialist will assign minimum consecutive calendar days REQUIRED for quarantine/isolation

**A.** Date(s) for which leave is requested: \_\_\_\_\_ TO \_\_\_\_\_

**B. CHOOSE ONE--** The COVID19-qualifying reason for leave:

VACCINE (check one or both as applicable AND provide complete information):

For vaccine appointment (max 2 hours): DATE of appt: \_\_\_\_\_

For adverse reaction to vaccine: FIRST DATE of adverse reaction: \_\_\_\_\_

Required APS quarantine → **NAME OF CLOSED OFFICE/BUILDING**:

→ Were you exposed/close contact to a confirmed positive case?

YES, DATE of exposure/close contact: \_\_\_\_\_

NO, complete the following:

→ DATES office/building closed: \_\_\_\_\_ TO \_\_\_\_\_

→ If you tested, DATE of test: \_\_\_\_\_

Tested positive—1) TEST DATE: \_\_\_\_\_ 2) FIRST DATE of symptoms, if applicable: \_\_\_\_\_

Symptoms, seeking medical diagnosis—1) DATE of first symptoms: \_\_\_\_\_ 2) DATE of appt or test: \_\_\_\_\_

Advised to self-quarantine by Healthcare provider – first DATE of advised self-quarantine: \_\_\_\_\_

Exposed to confirmed positive case – DATE of exposure: \_\_\_\_\_

Living with confirmed positive case:

1) DATE of last symptoms (person confirmed positive, if they are not able to self-isolate): \_\_\_\_\_

2) **OR** DATE of last contact with this positive case: \_\_\_\_\_

- C. Who required/advised quarantine/isolate (which government entity, APS or health care provider):
- D. Provide a statement of why the employee cannot work remotely:
- E. If COVID leave eligibility exceeded prior to end of required isolation/quarantine time, do you want to supplement with accrued sick, personal and/or annual leave (in that order), as applicable? **CHOOSE ONE:**
  - YES, I wish to supplement from my accrued leave, as applicable and available. When exhausted, I understand that any remaining required time will be taken as leave without pay.
  - NO, I will take any uncovered time as leave without pay.
- F. OFFICE USE ONLY:
  - Approved
  - Denied → Reason:

**II. COVID-related Sick Leave, CAREGIVER (for your minor child, or someone that relies on you for their daily care).**

→ if able to work remotely, arrange required isolation/quarantine days with your supervisor. **COMPLETE ITEMS A, B, C, D, E AND F; form is not complete without these items.**

- eligibility up to 10 days\*\* @ 2/3 Pay, \$200 maximum daily amount
- Leaves Specialist will assign minimum consecutive calendar days REQUIRED for quarantine/isolation

- A. Date(s) for which leave is requested: \_\_\_\_\_ TO \_\_\_\_\_
- B. Name of Family Member: \_\_\_\_\_ → Relationship of Family Member: \_\_\_\_\_
  - Is this family member fully vaccinated?  NO  YES = no quarantine or isolation
- C. **CHOOSE ONE--** The named family member's COVID19-qualifying reason for employee's leave:
  - Required APS quarantine → **NAME OF CLOSED OFFICE/BUILDING:**
    - Was family member exposed or in same class/cohort to a confirmed positive case?
      - YES, DATE of exposure/close contact: \_\_\_\_\_
      - NO, complete the following:
        - DATES office/building closed: \_\_\_\_\_ TO \_\_\_\_\_
    - If family member tested, DATE of test: \_\_\_\_\_
      - Tested positive—1) TEST DATE: \_\_\_\_\_ 2) FIRST DATE of symptoms, if applicable: \_\_\_\_\_
      - Symptoms, seeking medical diagnosis—1) DATE of first symptoms: \_\_\_\_\_ 2) DATE of appt or test: \_\_\_\_\_
      - Advised to self-quarantine by Healthcare provider – first DATE of advised self-quarantine: \_\_\_\_\_
      - Exposed to confirmed positive case – DATE of exposure: \_\_\_\_\_
- D. Who required/advised quarantine/isolate (which government entity, APS or health care provider):
- E. Provide a statement of why the employee cannot work remotely:
- F. Do you want to supplement with your accrued sick, personal and/or annual leave (in that order), as available, to receive full daily pay while on COVID leave? **CHOOSE ONE:**
  - YES, I wish to supplement from my accrued leave, as applicable and available. When my COVID leave eligibility and/or available accrued leave is exhausted, I understand that the remaining required time will be taken as daily leave without pay.
  - NO, I will take any uncovered time as leave without pay.
- G. OFFICE USE ONLY:
  - Approved
  - Denied → Reason:

**III. CHILDCARE (for your child – Sick Leave AND Expanded Family and Medical Leave/EFMLA)**

- COVID Sick Leave → up to 10 work days\*\* @ 2/3 Pay, with \$200 maximum daily amount
- COVID Expanded FMLA → up to additional 10 Weeks/50 days @ 2/3 Pay, with \$200 maximum daily amount; this time is included in 12-week maximum FMLA in 12-month period
- 12-week total not to exceed \$12,000

- A. Date(s) for which leave is requested: \_\_\_\_\_ to \_\_\_\_\_
- B. Name(s) of employee's child(ren) being cared for: \_\_\_\_\_
- C. Name of the school, place of care or care provider that closed or became unavailable due to COVID19-related reasons; specify if school unavailable due to online instruction schedule assigned for non-virtual school: \_\_\_\_\_

- D.** Request for intermittent leave for childcare, based on rotating online/on-site instruction schedule or periodic childcare need during online instruction?
- YES, this is intermittent childcare for child(ren)'s periodic online instruction schedule or period childcare need during online instruction.
  - NO, this is consecutive, uninterrupted dates for childcare.
- E.** Provide a statement indicating that no other suitable person is available to care for the child(ren) during the period of requested leave:
- F.** Do you want to supplement with your accrued sick, personal and/or annual leave (in that order), as available, to receive full daily pay while on COVID leave? (Accrued sick leave cannot be used for childcare, unless initial FFCRA sick leave maximum has already been used for other qualifying event; in that situation, ONLY the first 10 days may utilize accrued sick leave.) **CHOOSE ONE:**
- YES, I wish to supplement from my accrued leave, as applicable and available. When my COVID leave eligibility and/or available accrued leave is exhausted, I understand that the remaining time will be taken as daily leave without pay.
  - NO, I will take any uncovered time as leave without pay.
- G.** OFFICE USE ONLY:
- Approved
  - Denied → Reason:

**→EMAIL COMPLETED FORM TO YOUR LEAVES SPECIALIST OR [Extended.Leaves@aps.edu](mailto:Extended.Leaves@aps.edu)**

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LEAVES SPECIALIST NOTES:

LEAVES OFFICE DATE OF RECEIPT:

Received by:

COMPLETE – Leaves Specialist:

Date: