



## Moore Norman Technology Center

### Request for COVID-19 Sick Leave/Expand Family Medical Leave

<b>Employee:</b>	<b>Site:</b>	<b>Department/Division:</b>	<b>Date:</b>
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I hereby request to be absent on the date(s) indicated below for the reason(s) checked.

<b>Begin Leave Date:</b>	<b>Ending Leave Date:</b>	<b>Total Time Requested:</b> ____ Day(s) ____ Hour(s) ____ Minute(s)
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**Check Reason:**

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4. I am caring for an individual who is subject to a quarantine, isolation order, or instructed to self-quarantine by a health care provider.
- 5. I am caring for my child due to their school, place of care, or the childcare provider being unavailable due to COVID-19 precautions.
- 6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

**Explanation of Request:**

**Signature of Employee**

**THIS SECTION FOR SUPERVISOR USE ONLY**

**Is Employee Able to Telework and/or Work on Campus?**

- Yes – Leave Disapproved     No – Leave Approved

**Any Additional Information:**

**Supervisor Signature:**

**THIS SECTION FOR HR & PAYROLL ONLY**

<p><b>Request Meets Eligibility?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Pay Rate Applicable</b></p> <p>1-3 Cap: \$511 Daily <input type="checkbox"/> 100%</p> <p>4-6 Cap: \$200 Daily <input type="checkbox"/> 2/3</p> <p><b>Daily Pay Rate:</b> _____</p>	<p><b>Does This Request Qualify for Expanded FMLA?</b></p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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**Any Additional Information:**

- Approved     Disapproved

**HR Signature:**