**Rocky Mountain College**

**Request for COVID-19 Expanded Paid Sick Leave**

**Valid from April 1, 2020 through September 30, 2021**

**To request emergency paid sick leave as provided under Rocky Mountain Colleges’ COVID-19**

**Expanded Paid Sick Leave Policy, please complete this request form and submit it to the Human**

**Resources Office as soon as possible before leave commences.**

Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee position: \_\_\_ Full-time \_\_\_Part-time

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

Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Leave End Date: \_\_\_\_\_\_\_\_\_\_\_\_

Number of emergency paid sick leave hours requested: \_\_\_\_\_\_\_\_\_ hours

Reason for this emergency paid sick leave request (check appropriate reason below):

\_\_\_ I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

\_\_\_ I have been advised by a health care provider to self-quarantine due to concerns related to COVID19.

\_\_\_ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

\_\_\_ I am experiencing a reaction to the COVID-19 vaccination shot.

\_\_\_ I am caring for an individual who is subject to either #1 or #2 above.

\_\_\_ I am caring for my child whose primary or secondary school or place of care has been closed, or my

childcare provider is unavailable due to COVID-19 precautions.

For any child older than 14 years old, provide a statement detailing the special circumstances that

exist requiring you to provide care during working hours:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_ I am experiencing another substantially similar condition specified by the secretary of health and

human services.

\_\_\_I am unable to work remotely from home and am unable to do so. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Human Resource’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

HR: Select which entitlement and number of hours eligible for

Entitlement code:

 \_\_\_\_\_\_\_\_\_\_ Emergency Sick Leave Full pay Max hours 75 FTE / PTE pro rate

 \_\_\_\_\_\_\_\_\_\_ Expanded FMLA 2/3 pay up to 10 weeks