



University of Wisconsin–Madison

Request for Leave under Federal Emergency and/or UW COVID-19 Leave Programs

(Use this form to request leave taken from April 1, 2020, until May 1, 2020 only.)

Please print out and complete this form, or complete it electronically.

Please email the completed form to the Divisional Disability Representative (DDR) in your school, college or division; they are responsible for handling confidential medical information. To find your DDR, visit employeeedisabilities.wisc.edu/divisional-disability-representatives-ddr.

➡ Please complete sections 1 through 6. If you need assistance with this form, [contact your DDR](#).

Section 1: Personal and Contact Information

Name:		Employee ID:	For office use only
Job Title:		Supervisor:	
Department:		Preferred phone number:	
Preferred email address while on leave:		What is the best way to reach you?	☐ Preferred email ☐ Preferred phone number

Section 2: Reason(s) for Leave Request

- You may qualify for paid leave under the federal program called the Families First Coronavirus Response Act and/or under the UW–Madison COVID-19 Pandemic Employee Work Location and Leave Policy.
- Your DDR will use the information below to determine which paid leave program(s) you qualify for. If you qualify for more than one federal leave program, your DDR will choose the leave program that gives you the greatest benefit.

Indicate the reason(s) you are requesting leave below. Check all that apply.		For office use only			
		S1	S2	EF	CO
	I am unable to work my full shift, including telework, because:				
2.1	☐ I am subject to a federal, state, or local quarantine or isolation order related to COVID-19, other than the Wisconsin “Safer at Home” order. <i>(Please complete Section 4, question A.)</i>				
2.2	☐ I have been advised by a health care provider to self-quarantine because of COVID-19. <i>(Please complete Section 4, question B.)</i>				
2.3	☐ I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.				
2.4	☐ I am caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine. <i>(Please complete Section 4, question C.)</i>				
2.5	☐ I am caring for my minor child whose school or place of care is closed, or childcare provider is unavailable due to COVID-19 precautions. For minor children over the age of 14, I have described the special circumstances requiring I provide care to my child(ren). <i>(Please complete Section 4, question D.)</i>				
2.6	☐ I am experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury. <i>(Please complete Section 4, question B.)</i>				
2.7	☐ I have an illness or serious health condition related to COVID-19.				
2.8	☐ I have a disability related to COVID-19.				
2.9	☐ I am caring for an immediate family member with disabilities or who is elderly and whose care facility is closed due to COVID-19.				
2.10	☐ I have been directed not to report to my workplace due to social distancing, I cannot work remotely, and my job function is not deemed essential. I am considered available for work. <i>(Not eligible for federal emergency leave program.)</i>				

Section 3: Leave Type(s) and Anticipated Dates Requesting Leave

Check all that apply.

- ☐ Continuous Leave First date of leave: _____ Last date of leave: _____
Continuous leave is leave that is taken in one block of time and not broken up by periods of work.
- ☐ Intermittent Leave First date of leave: _____ Last date of leave: _____
Intermittent leave is leave taken in separate blocks of time due to one qualifying reason.
- ☐ Reduced Work Schedule First date of leave: _____ Last date of leave: _____
Reduced work schedule is leave that reduces your usual number of working hours per day or week.

Describe the intermittent and/or reduced leave schedule (please note that these require supervisor approval):

Section 4: Information and/or Documentation Required

Please provide the requested information based on reason(s) you provided in Section 2, page 1.

➔ Questions B, C and D below require written documentation that you must provide to your Divisional Disability Representative (DDR) no more than 15 calendar days after the first day of your leave request.

A. *Section 2.1, page 1:* If you are unable to work or telework because you are subject to a federal, state, or local quarantine or isolation order related to COVID-19, please indicate the name of the government entity that issued the quarantine or isolation order, other than the Wisconsin "Safer at Home" order.

B. *Section 2.2 or 2.6, page 1:* If you have been advised by a health care provider to self-quarantine because of COVID-19 — or are experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury — you must provide written documentation from your health care provider advising you to self-quarantine, or documentation from your health care provider who was consulted regarding your COVID-19 symptoms or diagnosis.

☐ Documentation attached or will be provided separately

C. *Section 2.4 on page 1:* If you are caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine, you must provide written documentation from the individual's health care provider advising quarantine, or advising on care related to the individual's COVID-19 symptoms or COVID-19 diagnosis.

☐ Documentation attached or will be provided separately

D. *Section 2.5 on page 1:* **Respond to these questions** if you are caring for a minor child whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19 precautions.

1. Names and age(s) of children to be cared for: _____

2. For children over the age of 14, please provide a statement that explains the special circumstances requiring you to provide care to your child during daylight hours: _____

3. Name of the school(s) or place of care that is closed and/or childcare provider that is unavailable during the period for which you are requesting leave: _____

☐ My signature on page 3 certifies that no other suitable person will be caring for my child(ren) during the period of time that I am taking leave under the Families First Coronavirus Response Act (FFCRA).

Section 5: Pay during Leave

The amount of pay you receive during your leave is in accordance with requirements under the FFCRA and the UW–Madison COVID-19 Pandemic Employee Work Location and Leave Policy. UW COVID-19 leave is available until May 1, 2020. After May 1, 2020, you may not receive your full pay during your leave. Please [contact your DDR](#) if you have questions about the amount of pay you qualify to receive during your leave.

You may choose to use supplemental leave and/or a partial leave without pay.

- ☐ I understand that the amount of pay I receive during my leave is in accordance with requirements under the FFCRA and that I may not receive my full pay during my leave.
- ☐ I would like to use my **accrued paid leave** for any portion of my leave that is not paid

AND / OR

- ☐ I would like to take a **partial leave without pay** for any portion of my leave that is not paid.
- ➔ To request leave without pay, you must complete the Leave Without Pay Request Form: hr.wisc.edu/benefits/leave/unpaid-leave/.

Please note: Choosing to take leave without pay may affect your benefits, including health insurance and allocation of paid leave. Please contact Benefits Services, the Office of Human Resources, at benefits@ohr.wisc.edu to discuss payment of premiums and any other questions related to your benefits and allocation of paid leave.

Section 6: Signatures

I am requesting leave under the Families First Coronavirus Response Act and/or UW–Madison COVID-19 leave because **I am unable to work my full shift, including telework**, for the reason(s) and during the time period I have indicated on this form.

Employee Signature (*Required*)

Date

DDR Approval Signature

Date

Supervisor Signature
(*Required for intermittent and/or reduced leave schedule*)

Date

For office use only:

- ☐ The employee's supervisor has been notified of this leave request (either by employee or HR).

Leave approved under the (check all that apply):

- | | | |
|---|------------------------|-----------------------------|
| ☐ EPSLA Category 1 (04/01/2020–12/31/2020) | Est. Leave Used: _____ | Est. Leave Remaining: _____ |
| ☐ EPSLA Category 2 (04/01/2020–12/31/2020) | Est. Leave Used: _____ | Est. Leave Remaining: _____ |
| ☐ EFMLEA (04/01/2020–12/31/2020) | Est. Leave Used: _____ | Est. Leave Remaining: _____ |
| ☐ UW COVID-19 Leave Policy (03/17/2020–03/30/2020) | Est. Leave Used: _____ | Est. Leave Remaining: _____ |
| ☐ UW COVID-19 Leave Policy (04/01/2020–05/01/2020) | Est. Leave Used: _____ | Est. Leave Remaining: _____ |

S1 = EPSLA Category 1 reason • S2 = EPSLA Category 2 reason • EF = EFMLEA leave reason • CO = UW COVID-19 leave reason