



COVID-19 Leave and Accommodation Request Form

Effective 1/1/2021

Name:	Employee ID Number:
Department:	Hire Date:
Supervisor Name:	Today's Date:

I am not able to return to my on-campus job and would like to request workplace accommodations including leave because:

- ☐ I identify as a member of a vulnerable population as defined by Executive Order D 2020-044 and am currently experiencing one or more of the following: chronic lung disease, moderate to severe asthma, a serious heart condition, pregnancy, compromised immunity, or a licensed healthcare provider has determined I am vulnerable to COVID-19. ***Employees may be eligible to use their personal leave accruals. If the employee does not have any leave accruals available, they may be eligible for unpaid leave.***

In order to protect your privacy, if you check this box a representative from ADA Compliance will outreach to you to discuss your specific medical condition(s) and your individual limitations.

I am not able to return to my on-campus job and would like to take leave or request a remote work schedule because:

- ☐ I am (or a member of my household is) 65 years or older, which is considered a vulnerable population as defined by Executive Order D 2020-044. ***Employees may be eligible to use their personal leave accruals. If the employee does not have any leave accruals available, they may be eligible for unpaid leave.***
- ☐ A member of my household identifies as a Vulnerable Person as defined by Executive Order D 2020-044. ***Employees may be eligible to use their personal leave accruals. If the employee does not have any leave accruals available, they may be eligible for unpaid leave. Medical documentation may be required.***

I am a 9-month instructional faculty member and am requesting a remote teaching assignment because:

- ☐ I identify as (or a member of my household identifies as) a member of a vulnerable population as defined by Executive Order D 2020-044. I am currently experiencing one or more of the following: chronic lung disease, moderate to severe asthma, a serious heart condition, pregnancy, compromised immunity, or a licensed healthcare provider has determined I am vulnerable to COVID-19. ***Medical documentation will be required.***

- ☐ I am (or a member of my household is) 65 years or older, which is considered a vulnerable population as defined by Executive Order D 2020-044 and amended and extended by Executive Order 2020-235.

I am requesting public health emergency paid sick leave because (please check one):

Employees are eligible for supplemental sick leave up to 80 hours (prorated based on percent of time and the employee's current sick leave balance at time of request). After the exhaustion of sick leave, employees are eligible to use their accrued vacation leave and then leave without pay. Faculty are not eligible for vacation leave.

- ☐ I am self-isolating due to a positive diagnosis of COVID-19.
- ☐ I am experiencing symptoms, seeking a medical diagnosis, medical treatment, or seeking preventive care with respect to COVID-19.
- ☐ I am caring for a family member in the above circumstances.
- ☐ I am unable to work or telework because public health officials or CU Boulder has determined it is unsafe for me to come to work due to COVID-19.
- ☐ I am unable to work because I have a health condition that may increase susceptibility to or risk of COVID-19.

Estimated Dates of Leave:

Start Date

End Date

- ☐ I need to care for a child or other family member whose childcare facility is unavailable, or the child's childcare facility or school is closed due to COVID-19.

Additional Information (this section should only be completed if you selected the childcare leave option):

I am requesting block leave beginning on _____ and ending on _____.

I am requesting intermittent leave for up to _____ hours per week.

Do you have a spouse or partner that works for CU and will also be requesting leave?

☐ Yes ☐ No

Name of the child being cared for:

Name of the school, place of care, or childcare provider that has closed or become unavailable:

Explanation as to why there is no other suitable person available to care for child:

Please submit this leave request form to Leave@colorado.edu. Human Resources will contact you within five business days. By submitting this request, you certify and acknowledge that the information submitted is true, accurate and will be subject to verification.

Employee Signature

Supervisor Signature