



**REQUEST FOR SPECIAL CONSIDERATION - TEMPORARY PAID LEAVE FORM**  
**Coronavirus Pandemic (COVID-19)**

<b>Employee Name:</b>		<b>Employee ID:</b>	
<b>Job Title:</b>	<b>Division/Department:</b>		
<b>Classification:</b>	<b>Full-Time:</b> <input type="checkbox"/>	<b>Part-Time:</b> <input type="checkbox"/>	<b>Exempt:</b> <input type="checkbox"/> <b>Non-Exempt:</b> <input type="checkbox"/>
<b>Supervisor Name:</b>		<b>Supervisor email/Ext.</b>	
<b>Date Requested:</b>		<b>Date of Requested Extension (if applicable):</b>	

In accordance with Chancellor White’s March 17, 2020 message to employees of the need to telecommute as a safeguard against the coronavirus, he acknowledged special considerations are to be given to employees age 65 or older and/or who have a chronic medical condition(s). This form should be completed by employees who are unable to telecommute and who are age 65 or older and/or who have a chronic medical disease/condition.

**PERMISSIBLE USE OF LEAVE**

I am unable to work because I have been directed by my appropriate administrator not to come to the worksite and it is not operationally feasible for me to work remotely and I meet the following Special Consideration(s):

**I AM AGE 65 OR OLDER**

**I HAVE A CHRONIC MEDICAL CONDITION.** [A CHRONIC MEDICAL DISEASE/CONDITION IS BROADLY DEFINED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) AS ONE THAT IS EXPECTED TO LAST 1 YEAR OR MORE, REQUIRES ONGOING MEDICAL ATTENTION, AND LIMITS THE ACTIVITIES OF DAILY LIVING.]

**Request for Dates of Coronavirus Pandemic (COVID-19) Special Consideration - Temporary Paid Leave**

Month	Dates Requested	Total Number of Hours Requested
	<b>Total</b>	
	<b>Hours:</b>	

**SIGNED AND AGREED BY:**

*To the best of my knowledge and belief, I certify that the facts stated are accurate and in full compliance with the intended use of the Special Consideration – Temporary Paid Leave granted by the Chancellor.*

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

*I approve the use of Special Consideration – Temporary Paid Leave as indicated above.*

Appropriate Administrator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR/Academic Personnel Designee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_