

**PART 1 - [To be completed by requesting employee]**

Name \_\_\_\_\_

I am requesting \_\_\_\_\_ hours (maximum 160 hours) of sick leave from the donation reserve for the following reason:

- My request is due to COVID-19
- My request is NOT due to COVID-19

I understand that the sick leave donation reserve is also available to new employees for use to recover from COVID-19. Any unused sick leave will be credited back to the donation reserve on the first day I am able to return to work.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

---

---

**PART 2 - [To be completed by Supervisor]**

- I recommend approval of this request
- I DO NOT recommend approval of this request (please explain below)

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Date*

---

---

**Office of People and Culture Use:**

**If this request is unrelated to a request for FMLA, please attach a statement from the attending healthcare provider or valid COVID-19 testing and vaccination documentation. Please include expected date of return to work.**

**This request is:**

- Approved**
  - Not approved**
    - Has not been employed fulltime for 12 continuous months and request is not COVID-19 related**
    - Has not exhausted all sick days and/or has more than 40 hours of vacation time accrued**
    - Does not meet the definition of a serious health condition under FMLA**
    - Work-related illness/injury**
    - Has not provided requested medical documentation**
    - Supervisor's comments**
    - Other**
- 

---

*Office of People and Culture Signature*

---

*Date*

**Copy sent to Payroll on** \_\_\_\_\_