UCDAVIS   Emergency Administrative Leave

Employee Name: _____   **Title:** _____

Department: _____   **Name of Supervisor:** _____

Phone Number: _____   **Expected Emergency Administrative Leave Dates:** _____

The health and well-being of our community remains our number one priority. As such, and in response to the current state of emergency the University has authorized eligible employees to use up to 128 hours of paid leave administrative leave.

The following circumstances prompted my request for emergency administrative leave:

I am unable to work due to my own or a family member's COVID-19 related illness.

I am unable to work due to public health or University-required quarantine or self-isolation measures.

I am unable to work as I have been directed not to come to work for COVID-19 related reasons and it is not operationally feasible for me to work remotely.

I am unable to work because of a COVID-19 related school or daycare closure that requires me to be at home with a child or dependent, and it is not operationally feasible for me to to work remotely or in conjunction with the childcare commitment.

I am an employee who has not been designated as performing essential functions who has been ordered to "shelter in place" and I am not able to work remotely.

_____

Employee Signature   *Date*

For Department Chair Use Only:

Approved   Denied

Rejection reason:

Employee can work remotely   Employee deemed essential   Other: _____

_____

Department Chair Signature

Upload completed form in MyInfoVault.