SUPPLEMENTAL COVID-19 LEAVE

Request for Additional Sick Time

Marquette University has announced that it will temporarily assist non-exempt employees who need to stay home in response to COVID-19 and who will exhaust their sick balance within the next pay period as a result.

Complete this form if 1) your role or department does not permit you working from home, and 2) you anticipate using all your available sick time before the last day of the current pay period.

Email the completed form to your supervisor for their approval. Supervisors should forward the form to human resources at humanresources@marquette.edu. If approved by Human Resources, we will allow your balance to go negative and you will continue to be paid.

The university will communicate prior to April 10, 2020 whether temporary assistance will be extended, and your approved request may need to be recertified.

Employee Name: ___________________  MUID: __________

☐ My dependent’s school or care center has closed due to COVID-19 and I am the primary caregiver.
☐ I have been exposed to a confirmed case of COVID-19 and need to self-quarantine.
☐ I have an underlying health condition and I have been instructed to not be at work (you do not need to share medical information with your supervisor or colleagues).
☐ I am caring for myself, or a family member, who has COVID-19.
☐ Other, please describe:

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