

SUPPLEMENTAL COVID-19 LEAVE



Request for Additional Paid Time

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

Complete this form if 1) your role or department does not allow you to have an alternate work arrangement like working remotely or flexing your time due to department needs, or 2) you are too sick to work, **and** you anticipate using all your available accrued time off 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.

You will be notified by Human Resources if your request has been approved. Your balance will be allowed to go negative and you will continue to be paid through the time period HR approves.

Employee Name: _____ Date: _____

MUID: _____

- I have been directly exposed to a confirmed case of COVID-19, which has been confirmed by a healthcare professional 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; however you will be required to provide information to human resources as part of this request for additional time).
 - I am caring for myself, or an immediate family member, who has COVID-19 as confirmed by a healthcare professional. Please note immediate family as defined by the Department of Labor includes children, spouse, or parent.
 - Other, please describe:
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