

# REQUEST FOR RETURN OF PAID SICK LEAVE BENEFIT DUE TO COVID-19

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

In accordance with Public Act 102-0697, Southern Illinois University Carbondale (SIUC), is administering a COVID-19 sick leave program and paid administrative leave. This policy will allow eligible staff and faculty to have returned to their sick leave balance any sick time used during the academic year 2021/2022 for their absences related to qualifying COVID-19 reasons and to utilize paid administrative leave after May 5, 2022 for a COVID-19 qualifying event. This policy applies to staff and faculty employed during academic year 2021/2022 and still employed at the time of implementation of this policy.

## TO BE COMPLETED BY EMPLOYEE

Employee Name: \_\_\_\_\_ AIS Number: \_\_\_\_\_

Dept./Unit: \_\_\_\_\_ Title: \_\_\_\_\_

Office Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

## DATES FOR WHICH REIMBURSEMENT OF SICK LEAVE IS REQUESTED

Leave was taken as (check all that apply):

a block of time from \_\_\_\_\_ to \_\_\_\_\_

intermittently (e.g., separate blocks of time or any part of a single day due to a single qualifying reason)  
(please describe on separate sheet and attach to application)

Start date of intermittent leave \_\_\_\_\_

## REASON FOR USE OF SICK LEAVE

Please mark the covered reason that applied for your request for leave:

(1) The employee had a confirmed positive test for COVID-19 via a PCR test or a probable positive test via an antigen diagnostic test and was required to isolate.

(2) The employee had been in close contact with a person who had a confirmed case of COVID-19 and was required to quarantine.

(3) The employee was required by University policy to be excluded from University property due to COVID-19 symptoms.

(4) The employee was caring for a child who:

had a confirmed positive test for COVID-19 via a PCR test or probable positive test for COVID-19 via an antigen diagnostic test and was required to isolate.

had been in close contact with a person who had a confirmed case of COVID-19 and was required to quarantine.

had been required by the school or school district policy to be excluded from school district property due to COVID-19 symptoms.

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## PROOF OF VACCINATION STATUS

I am or will be fully vaccinated\* with a COVID-19 vaccine approved by the Food and Drug Administration per policy COVID-19 Paid Administrative Leave.

\*As of \_\_\_\_\_

I will provide proof of vaccination against COVID-19. Acceptable proof includes one of the following:

- 1) CDC COVID-19 vaccination card
- 2) Documentation of vaccination from healthcare provider
- 3) State immunization records

## EXEMPTIONS

Medical or Religious Vaccination Exemption

I understand that I may qualify for this reimbursement of sick leave without being considered fully vaccinated against COVID-19 if I have a medical or religious accommodation from the vaccine on file with the University and I am following all of the requirements of the accommodation.

By checking this statement, I certify that I have an accommodation on file at the time of my leave, and I am following all the requirements of the accommodation.

I understand that I must provide Human Resources with confirmation of my medical or religious COVID-19 vaccination accommodation.

## AFFIRMATION

Please check the boxes, affirming the statements below:

I understand that this request applies for sick time only.

I understand that I need to provide documentation to substantiate my request for reimbursement. If it is found that I have falsified this information, my leave may be denied and/or I may be subject to disciplinary action up to and including termination. Documentation requirements below:

Reason 1: proof of a positive PCR test result or a probable positive from an antigen diagnostic test OR notice from a local health department of the need to isolate.

Reason 2: notice from a local health department indicating the employee was identified as a close contact and was required to quarantine.

Reason 3: proof of a positive PCR test result or a probable positive from an antigen diagnostic test or notice from a local health department of the need to isolate; OR notice from a local health department or the student's school that the child had been identified as a close contact and was required to quarantine; OR notice from the student's school that the child had been excluded from school district property due to COVID-19 symptoms.

I understand that once all documentation has been received by Human Resources, restoral of lost sick time will be completed within 3 months or end of employment.

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

\_\_\_\_\_  
Date

Human Resources Use Only

Approve \_\_\_\_\_ Deny \_\_\_\_\_

Rep \_\_\_\_\_ Date \_\_\_\_\_

Pay Period Restored On \_\_\_\_\_