

## WOU COVID-19 Sick Leave Request Form

By completing this form, you are requesting use of the WOU COVID-19 Sick Leave. Please complete this form once for each qualifying reason for use. Upon completion, please forward this form to Human Resources via the Human Resources Form Submission on your Portal or via hard-copy to our office. Please direct questions or concerns to hr@wou.edu or (503) 838-8490.

<b>Name:</b>	
<b>V#:</b>	
<b>Department:</b>	

### Compliance

<input type="checkbox"/>	I am in compliance with the WOU Vaccination Requirement and have turned in a Vaccination Verification/Exemption form.
<input type="checkbox"/>	I am not in compliance with the WOU Vaccination Requirement and have not turned in a Vaccination Verification/Exemption form.
<input type="checkbox"/>	To come into compliance with the WOU Vaccination Requirement, I have attached and/or turned into Human Resources a Vaccination Verification/Exemption form.

### Explored Flexible Work Options

<input type="checkbox"/>	Yes, I explored these options, but they were not appropriate or viable due to personal and operational realities.
<input type="checkbox"/>	No, I did not explore these options, but they would <b>not</b> be appropriate or viable due to personal and operational realities.
<input type="checkbox"/>	These options would be appropriate or viable due to personal and operational realities.

### Qualifying Reason

<input type="checkbox"/>	Time off to obtain a COVID-19 vaccine or recover from side-effects
<input type="checkbox"/>	Time off when waiting for COVID-19 test results
<input type="checkbox"/>	Time off for myself to quarantine or isolate due to COVID-19
<input type="checkbox"/>	Time off to care for a family member who is required to quarantine or isolate due to COVID-19

### Requested Use

<input type="checkbox"/>	<b>Retroactive Use:</b> Dates of Use: _____ Total Hours: _____
<input type="checkbox"/>	<b>Current Use:</b> I will record all use of WOU COVID-19 Sick Leave on my leave report/timesheet under LWP and include a comment stating it is WOU COVID-19 Sick Leave.

### Authorization

	Name	Signature	Date
<b>Employee</b>			
<b>Supervisor</b>			
<b>Human Resources</b>			

*Office Use Only*

 E-Class \_\_\_\_\_  
 FTE \_\_\_\_\_

 Available \_\_\_\_\_  
 Used \_\_\_\_\_

 DocStar \_\_\_\_\_  
 Vac. Ver/Ex \_\_\_\_\_