

Employee Name: \_\_\_\_\_

Banner Number (800): \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

On April 5, 2022, Governor Pritzker signed Public Act 102-0697. Current COVID-related cases may continue to apply for CO19 while the Governor has issued a declaration of a disaster proclamation.

Employees may be eligible for CO19 leave if they had the following scenario occur:

If leave was taken because the employee was restricted from being on University property because the employee:

1. Confirmed positive COVID-19 diagnosis via a PCR test
2. Probable COVID-19 via an antigen diagnostic test
3. Was in close contact with a person who had a confirmed case of COVID-19 and was required to be excluded from the University
4. Was required by the University to be excluded from the University due to COVID-19 symptoms

If leave was taken to care for a child of the employee who was unable to attend elementary or secondary school:

1. Had a child with a confirmed positive COVID-19 diagnosis via a PCR test
2. Probable COVID-19 via an antigen diagnostic test
3. Was in close contact with a person who had a confirmed case of COVID-19 and was required to be excluded from the University
4. Was required by the school or school district policy to be excluded from the school district property due to COVID-19 symptoms

Under the new law, employees must meet one of the following criteria to be eligible:

Fully vaccinated against COVID-19 means:

1. 2 weeks after receiving the second in a 2-dose series of a COVID-19 vaccine
2. 2 weeks after receiving a single dose of a COVID-19 vaccine
3. Any recommended booster doses for which the individual is eligible upon the adoption of the Department of Public Health of any changes made by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services  
OR
4. Provides evidence that they have a medical or religious COVID-19 vaccination accommodation on file through the Office of Equal Opportunity and Access and Title IX Coordination currently or within 5 weeks of the effective date of this Act (May 10, 2022), and were/are fully in compliance with all of the testing requirements for unvaccinated employees.

To be approved for CO19, employees must complete and submit this form with supporting documentation to the Office of Human Resources. The request form and supporting documentation should be emailed to the HR COVID-19 email account at [hrcovid19@siue.edu](mailto:hrcovid19@siue.edu), faxed to 618-650-2646, or mailed to

SIUE Office of Human Resources  
Box 1040  
Edwardsville, IL 62026

**Supporting documentation for leave may include the following:**

- Positive test results via a PCR test
- Positive test results via an antigen diagnostic test
- Confirmed positive test result of a close contact
- Documentation from a child’s school or school district excluding the child from the property

**Vaccination records do not need to be included in supporting documentation. HR will review proof of university-verified vaccination records already on file.**

**Please check the leave type that applies. (Check all that apply. Supporting documentation must be provided for each type selected):**

- 1. Employee tested positive for COVID-19;
- 2. Employee was in close contact with a person who had a confirmed case of COVID-19;
- 3. Employee was required to be excluded from the University to COVID-19 symptoms;
- 4. Employee had a child that tested positive for COVID-19;
- 5. Employee had a child in close contact with a person who had a confirmed case of COVID-19;
- 6. Employee had a child required by the school or school district to be excluded from school district property due to COVID-19 symptoms

Dates requested to use CO19 time:

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CO19 Leave Request Form

**Any additional information may be provided below. Supporting documentation may be attached as a separate document(s):**

I hereby certify that the above listed information is true and correct. Further, as an employee of Southern Illinois University Edwardsville, I understand that falsification of information on this leave request form may lead to disciplinary action, up to and including discharge from employment. I certify that the above information given by me is correct and that I have read the foregoing and understand my rights under Public Act 102-0697.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE CONTACT INFORMATION:**

Employee Name (Printed): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Leave Administrator: \_\_\_\_\_

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**HR Use Only**

Approval by: \_\_\_\_\_