



Human Resources

REQUEST FOR USE OF PUBLIC HEALTH EMERGENCY LEAVE

DHRM [Policy 4.52-Public Health Emergency Leave](#) has been enacted due to the coronavirus pandemic. This policy permits eligible employees to attend to their own medical needs and those of their immediate family members by providing up to 160.00 hours of paid leave per year, in addition to any other available leave balances. Use of this policy is intended for illness or absence directly related to the declared COVID-19 disease threat.

Employee Name:

Employee JMU ID Number:

Using the Table below, enter the corresponding date and hours requested. For Full-Time Employees Maximum total hours cannot exceed 160.00

<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>	<u>Day 6</u>	<u>Day 7</u>	<u>Day 8</u>	<u>Day 9</u>	<u>Day 10</u>
<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>

<u>Day 11</u>	<u>Day 12</u>	<u>Day 13</u>	<u>Day 14</u>	<u>Day 15</u>	<u>Day 16</u>	<u>Day 17</u>	<u>Day 18</u>	<u>Day 19</u>	<u>Day 20</u>
<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>

My signature below confirms my request for PHEL, for the reason identified in Policy 4.52. I further understand that providing false information and/or misuse of this leave is subject to disciplinary action up to and including termination; and repayment of the monies paid to me for the use of this paid leave as provided by the Commonwealth of Virginia.

Employee Signature

Date

Signature of Authorizing Supervisor

Date

Send form by email to benefits@jmu.edu or fax to Human Resources at 568-7916