



Human Resources

REQUEST FOR USE OF PUBLIC HEALTH EMERGENCY LEAVE FOR WAGE EMPLOYEES

DHRM Policy 4.52-Public Health Emergency Leave has been enacted due to the coronavirus pandemic. This policy permits eligible wage employees to attend to their own medical needs, those of their immediate family members, or for wage employees who are out of work and other work arrangements are not attainable by providing up to 4 weeks (at average pay) of paid leave. 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:

For Wage Employees: PHEL can only be used to compensate for normal hours worked over a two week period. Enter only hours missed over two-week period (14 consecutive days). Time should still be submitted to supervisor as usual using normal time submission procedures.

Week 1 (wage employees)

Week 2 (wage employees)

<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>

Week 3 (wage employees)

Week 4 (wage employees)

<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>

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