

Application Emergency Paid Leave (COVID-19)

Section 1: Employee Information (PLEASE PRINT OR TYPE)

Employee Name: _____ Employee R#: _____

Department: _____ Job Title: _____

Supervisor: _____ Work Phone: _____

Section 2: Leave Information

Last Day Worked: _____ Period of Required Absence: _____ From: _____ Through: _____

I will need (choose one): ☐ Continuous Leave ☐ Intermittent leave

If your leave is intermittent, please specify the nature of your intermittent leave:

(i.e. list the hours that you worked for each day that you are requesting leave: I worked 2 hours on M, 3 hours on T, etc..)

Section 3: Reason for Leave

I am requesting leave for the following reason:

___ Employee tested positive for COVID-19 and has exhausted all sick leave accruals

By signing below, I certify to the best of my knowledge that all information provided on this application is true and accurate. *NOTE: Appropriate form or supporting documentation is required in order to be considered for approval.*

Signature of Applicant

Date

ROUTE FORM TO: Email: hr.leaveadministration@ttu.edu or Fax: 806-742-3666
Mail to: Human Resource Services, Mail Stop 1093 or Box 41093, LUBBOCK, TX 79409