



**The University Corporation  
San Francisco State**

Room ADM 361  
1600 Holloway Ave.  
San Francisco, CA 94132

[ucorp.sfsu.edu](http://ucorp.sfsu.edu)

Date: \_\_\_\_\_ Employee ID: \_\_\_\_\_

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

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

Supervisor's Name: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Full-Time  Part-Time Exempt Non-Exempt

UCorp will provide its employees (exempt and non-exempt) including student employees a one-time allotment of up to 256 hours full-time and 128 hours for part-time of paid administrative leave starting March 16, 2020. Employees with an appointment ending at the end of the semester any remaining hours will expire. Appointments beyond May 31, 2020, administrative leave will continue until hours are exhausted, or expire by December 31, 2020 unless appointment ends sooner. Administrative leave can only be used due to COVID-19 related absences, subject to the following conditions:

- Employees who are currently not working remotely, but had been scheduled to work, will be deemed to have been on paid administrative leave
- The hours may be used at any time during this designated period including intermittently, in consultation with the appropriate UCorp HR and supervisor, provided, that such use shall not adversely affect the delivery of essential UCorp or university services.

Dates Requested or Pay Period	Hours Requested
<b>Total Number of Hours Requested</b>	0

**Permissible Use of Leave (Please check where appropriate below):**

I am unable to work due to my own COVID-19 related illness (medical certification may be requested).

I am unable to work due to my family member's COVID-19 related illness. For purposes of this paid leave, family member includes those you would normally be able to use sick leave for (medical certification may be requested).

Indicate family member relationship: \_\_\_\_\_

I am unable to work because I have been directed by my healthcare provider not to come to the worksite for COVID-19 related reasons.

I am I unable to work because I have been directed by my appropriate administrator not to come to the worksite and it is operationally not feasible for me to work remotely.

I am unable to work due to a COVID-19 related school or daycare closure and I am required to be at home with a child or dependent, and it is operationally not feasible for me to work remotely or in conjunction with my childcare commitment.



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Signed and Agreed By:

To the best of my knowledge and belief, I certify that the facts stated are accurate and in full compliance with CPAL policy requirements. I understand I may be asked to substantiate the reason for the leave in accordance with CSU and UCorp policies.

Employee Printed Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appropriate Administrator's Signature: \_\_\_\_\_

Request Approved  Request Denied

Human Resources Generalist Signature: \_\_\_\_\_

Request Approved  Request Denied