

REQUEST FOR PUBLIC HEALTH LEAVE

The purpose of public health leave is to provide eligible full and part-time employees with two (2) weeks of public health leave during public health emergencies as permitted by Employee Handbook Section 8.22.

First Name	Last Name	CNM ID Number

General Provisions

- CNM will provide up to eighty (80) hours of public health leave or the equivalent of two (2) weeks pay to full-time employees at their straight-time hourly rate.
- CNM will provide up to sixty (60) hours of public health leave or the equivalent of two (2) weeks of pay to part-time employees at their straight-time hourly rate.
- CNM will provide up to forty (40) hours of public health leave to student employees at their straight-time hourly rate.

Number of Days Requested: _____ **Reason for Request:** _____
(List Number from Below)

- 1) You are subject to a Federal, State, or local quarantine or isolation order related to coronavirus
 - a. You must provide a copy of the documentation from the Federal, state or local entity requiring you to quarantine or isolate.
- 2) You been advised by health care provider to self-quarantine due to coronavirus
 - a. You must provide a copy of the physician order to self-quarantine.
- 3) You are experiencing symptoms of coronavirus
 - a. You must provide a separate document stating the symptoms you are experiencing and if you plan to consult a physician in the next 10 work days.
- 4) You are caring for an individual who is subject to an order described in (1) or has been advised as described in (2)
 - a. You must provide documentation stated in 1 or 2 above for the person you are caring for.
- 5) You are caring for your dependent child because the school is closed, or childcare provider is unavailable due to coronavirus
 - a. You must provide a copy of the notice from the school and/or childcare provider stating they are not in operation or that your child cannot attend due to the coronavirus.
- 6) Employee is experiencing a similar condition specified by Secretary of HHS
 - a. You must provide a copy of the documentation from the appropriate entity explaining the condition and your restriction from working.

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

Attention Employee/Supervisor:

Time entered on the timesheet should be entered as code PHL (Public Health Leave). If the employee needs more than the allowed two weeks of leave, please have the employee contact Human Resources to inquire about possible leave options under the Family Medical Leave Act.