

BALL STATE UNIVERSITY
Medical Request for Leave of Absence
Related to COVID-19

Employee Name: _____ BSU. I.D. No. _____ Staff: ____ Service: ____
Department: _____ Title: _____ Fac. ____ Prof. ____
Employee's work schedule Times of Day: _____ Days of Week: _____

I am requesting a leave of absence during the period: Beginning: _____ Ending (last date of leave) _____

State reason for leave: _____

Ball State University, in alignment with guidelines from the Centers for Disease Control and Prevention (CDC), is monitoring an outbreak caused by the Coronavirus Disease 2019 (COVID-19).

What is COVID-19?

- *COVID-19 is a newly identified coronavirus that is causing an outbreak of pneumonia illness.*
- *It was first identified in December 2019 in the city of Wuhan, Hubei Province, China. Since then, the virus has been identified in multiple other countries, including cases in the U.S.*
- *According to the CDC, human coronaviruses are common throughout the world and usually cause mild to moderate illness in people.*

This new virus is a public health concern because it is newly identified and much is still unknown about it.

I understand:

If all the criteria listed below are met and you meet the eligibility criteria for FMLA (you have worked 12 months for the University and have worked 1,250 hours in the preceding 12 months), FMLA will apply. In cases where FMLA is not applicable, you will be granted either Extended Sick Leave/Extended Personal Sick Leave or Emergency Leave as applicable.

- A period of incapacity of more than three consecutive, full calendar days **and**
- Two in-person visits to a health care provider; the first visit within seven days of the first day of incapacity and the second visit within 30 days of the first day of incapacity **or**
- One in-person visit to a health care provider within seven days of the first day of incapacity and subsequent treatment that includes prescription medication

Employee's Signature

Date

TO BE COMPLETED BY UNIVERSITY HUMAN RESOURCE SERVICES:

Circle Leave Designation: FML ESL/EP Emergency Leave

University Human Resource Services

Date: _____