

# COLUMBUS STATE

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## COMMUNITY COLLEGE

### Temporary College Sponsored COVID-19 Leave Form

Employees requesting leave related to the coronavirus disease 2019 (COVID-19) should complete this form **only** if requesting leave for one of the reasons listed below. Leave requests for any other reason will follow standard procedures.

Name:  Cougar ID Number:  PT  FT

Position:  Department:  Division:

COVID-19 leave is only applicable to the following scenario:

Unable to telework or perform re-purposed assignments

COVID-19 leave is meant to be temporary in nature and requires Cabinet level approval.

#### Leave dates and times

Date:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>	Hours:	<input type="text"/>
Date:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>	Hours:	<input type="text"/>
Date:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>	Hours:	<input type="text"/>
Date:	<input type="text"/>	Hours:	<input type="text"/>	Date:	<input type="text"/>	Hours:	<input type="text"/>

Comments:

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<b>Employee Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<i>Employee please email form to supervisor for approval</i>			
<b>Supervisor Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<i>Supervisor please email form to Vice President of your division for approval</i>			
<b>Division Vice President Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<i>*Note to Vice President: Please send form to Vice President of Administration for approval</i>			
<b>Vice President of Administration Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<i>*Note to Vice President of Administration: Once approved, please submit to leaverequest@csc.edu for processing</i>			