

DEPARTMENT OF MILITARY

DIRECTOR'S AUTHORIZED LEAVE REQUEST/TELEWORK FORM

PURPOSE: This form is in accordance with COVID-19 health related situations. An employee may elect Telework or Director's Authorized Leave for a period of time that will not exceed 80 working hours. This form also includes time-off for COVID-19 vaccinations.

Special Note: Symptoms for COVID-19 are similar to symptoms exhibited by the flu and other respiratory illnesses; these symptoms can include fever, coughing, shortness of breath, and severe illness. Please keep in mind that an individual with a chronic non-contagious condition like asthma, chronic bronchitis, or allergies may exhibit similar symptoms. Only a healthcare professional can diagnose COVID-19, this diagnose is a contagious illness and employees are strongly encouraged to seek medical attention.

Definitions:

1. Telework - Work that is performed on an irregular basis during the duration of a COVID related situation. Employee's position must be eligible for telework without causing a hardship on the department, the below factors will be considered for approval for telework approval:
 - a. Caring for family member.
 - b. The employee tested positive for COVID-19 and is asymptomatic.
 - c. The childcare center or school has issued a quarantine requirement for your child that has possible been exposed to the COVID-19 virus.
2. Quarantine – Employees that are required to quarantine or isolate by a healthcare provider, Dept. of Health, or Work Department Head for the following reasons:
 - a. Close contact with a person who has tested positive for COVID-19.
 - b. Employee is exhibiting symptoms of COVID-19.
 - c. Employee has tested positive for COVID-19.
3. Vaccination – Employees who receive a COVID-19 vaccination may utilize paid leave, **this leave will not be entered into the EASE system**, below are the timeframes for leave:
 - a. The Moderna and Pfizer vaccines are two (2) shot dosages, employees may request 4 hours of leave for each vaccination.
 - b. The Johnson & Johnson/Janssen is a one (1) shot dosages, employees may request 8 hours of leave.

Leave request type (check one):

- Telework
- Quarantine
- Vaccination

DIRECTORS AUTHORIZED LEAVE: This leave is addressed on a case-by-case basis. The employee is responsible for providing all documentation in a timely manner should they wish to use Directors Authorized Leave. Request submitted without documentation will not be processed.

INSTRUCTIONS FOR DAL: At the onset of a COVID related situation the employee will take their own leave with the exception of Telework. Telework employees will not utilize leave however they will have a beginning date and ending date for Telework.

1. Employee (Supervisor if employee is unavailable) completes the Director’s Authorized Leave Request Form
2. Employee will provide documentation of test taken and the test result
3. Employee will provide letter/Directions from either the Department of Health/CDC or their health provider, that includes the quarantine timeframe which will include the release date from quarantine date
4. All documents will be sent to davetta.flowers@arkansas.gov
5. The employees file will be given to the HR Administrator and the Director to review and approve/disapprove the request
6. Supervisor will be notified if the request is approved

Steps in EASE to receive DAL:

1. When the DAL is approved the employee will withdraw their personal leave used in EASE, then the approver (supervisor) will approve the withdrawal
2. Employee will enter into EASE the Directors Authorized Leave for the dates given (only for the time they would have worked in that time period)
3. The approver will approve it
4. The employees leave will return to his leave bank.

Dates that you are requesting leave

Begin date: **End date:**

Employee Information

Name of employee:

Name of person being cared for:

Name of person completing this form:

Work location of employee:

Job title of employee:

Grade of employee: **Personnel number:**

SECTION I: FOR COMPLETION BY THE EMPLOYEE

Please complete Section I, II, IV. Employee and their supervisor must sign and date section II. Once the form is complete and signed, return it to the Personnel Manager at HR. If the employee is unable to complete this form a family member /supervisor can complete it. Documentation must be provided in order for the request to be processed.

DOM may also require you to provide additional documentation in support leave taken to care for your child whose school or place of care is closed, or if your childcare provider is unavailable, due to COVID-19-related reasons.

Documentation Related to COVID-19 Leave

Below are the reasons you may apply for emergency paid sick leave and appropriate documentation that should be provided with your request.

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.

Provide documentation for quarantine order.

- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.

Provide documentation from a health care provider or other documentation that you are under a doctor’s order to self-quarantine.

- 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

Provide documentation such as a doctor’s note, or a statement that you are sick and you have an appointment with a health care provider and you will provide documentation after your appointment.

- 4) I am caring for an individual who is subject to either number 1 or 2 above.

Provide documentation to include a note from the sick person’s doctor or medical care provider

5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions.

Provide documentation of a notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Provide documentation including notes, emails, or notices related to your request for paid leave.

I attest that all documents and statements entered are accurate to the best of my knowledge and true. I also understand that false, misleading, or incomplete statements could lead to my application being denied and lead up to disciplinary actions under the uniform disciplinary policy.

Employee Signature

Date

ELIGIBILITY CRITERIA

Instructions for Employee: Complete the sections below that apply and return with appropriate documentation. This form must be returned by [] (within five business days) for approval/disapproval of DAL request.

SECTION II: MEDICAL DOCUMENTATION

Provider's name and business address: []

Type of practice/medical specialty: []

Telephone: ([]) [] Fax: ([]) []

1. Approximate date condition commenced: []

2. Probable duration of condition: []

3. Diagnosis: []

4. Quarantined by whom: []

5. Name of person you are caring for: []

[]

Supervisor Signature

[]

Date

ATTACH ALL DOCUMENTATION (electronically)

SECTION III: PERSONNEL APPROVAL

Director of HR

Review Date

HR Administrator

Review Date

To Be Completed by HR Administrator

Approved: Number of hours _____

Disapproved