



PUBLIC HEALTH EMERGENCY LEAVE (PHEL) FORM

This form is to be used in place of the CMU Leave Form for employees who are either ill with COVID-19-like symptoms, caring for a family member with COVID-19-like symptoms or subject to a quarantine or isolation order. Family member is defined as a parent, child (under the age of 18), spouse, legal dependent, or someone living in your household for whom you are the primary caregiver, including domestic partners, in-laws and step-relatives or any other person whose association with the employee is similar to that of a family member. For other absences that qualify for job protection under the Family Medical Leave Act (FMLA), such as serious health conditions or injuries, contact Human Resources.

Employees are eligible for up to 80 hours of Public Health Emergency Leave (PHEL), pro-rated for part-time employees, that may used for COVID-related absences. Once this leave is exhausted employee’s accrued sick leave will be used.

_____ I was absent and UNABLE to work beginning (date) _____ to _____ (date).

_____ I was absent and ABLE to work from home beginning (date) _____ to _____ (date).

I was/will be absent to care for: _____ myself OR _____ Family Member _____ (relationship) due to the current public health emergency declared by the Governor of Colorado.

* Please DO NOT come to work if you are sick or have any COVID-19 symptoms *

Employees with COVID-19-like illness, should stay home and follow CDC guidelines to determine if it’s safe to return to work. Currently, the guidelines indicate it is safe when the employee is free of fever (100.4° F or greater), signs of a fever and any other symptoms for at least 72 hours, without the use of fever-reducing or symptom altering medicines. Please refer to the CDC’s website for a complete list of symptoms at www.cdc.gov.

Providing false information, knowingly, either directly or through another party, may result in correct and/or disciplinary action. By signing below I attest that (check as applicable):

_____ Received approval from my supervisor/department head to work remotely

_____ Have been symptom-free, without the use of medicines, for at least 72 hours

_____ Was informed I may return work on the date listed above per guidance from Mesa County Public Health (MCPH), my doctor or the CMU Safety team.

Employee Name (please print)

Department

700#

Employee Signature

Date