



COVID 19- Leave Advancement Request ONLY

Name: _____

USCID: _____

Department: _____

Dept. No.: _____

This form is to be completed by employees requesting an advance up to 15 days of additional sick leave related to COVID-19 if the event extends beyond available sick leave. Documentation from a health care practitioner is not required. It is the responsibility of the employee or leave administrator to enter the proper COVID-19 code in the Time and Absence System. Upon return to work, all sick leave earned by the employee will be applied to the sick leave deficit until the deficit is eliminated. Please email the completed form to HRLeave@mailbox.sc.edu.

Beginning Date: _____ Ending Date: _____ Total Hours Requested: _____

Brief Explanation of Leave Requested: _____

Attach additional sheet if necessary. Check here if additional sheet attached.

Signature of Employee (Sign original in blue ink)

Date

If employee is not available for signature, please attach a copy of the request from the employee to this form.

TO BE COMPLETED BY DEPARTMENT: Approved Denied (Please retain copy for your file.)

Comments or Reason for Denial: _____

Signature of Department Head (Sign original in blue ink)

Date

If Department Head is not available for signature, please attach a copy of their statement of approval to this form.

TO BE COMPLETED BY HUMAN RESOURCES: Approved Denied

Comments or Reason for Denial: _____

Authorized Human Resources Signature (Sign original in blue ink)

Date