

**IDAHO MILITARY DIVISION STATE EMPLOYEE  
ADVANCED SICK LEAVE REQUEST AND ACKNOWLEDGEMENT (for COVID-19)**

A maximum of 80 hours of Advanced Sick Leave not yet earned can be requested. Please refer to Idaho Military Division State Employee Work, Telecommuting, Leave, Time Coding, and Travel Guidance for employee eligibility.

I, \_\_\_\_\_ (name), request advanced sick leave for my use as of \_\_\_\_\_ (date), based on meeting eligibility criteria below (initial applicable criteria):

\_\_\_\_\_ The employee has exhausted accrued sick, compensatory time, on-call earned and regular hours held (codes: SIC, CPT, OCE and RHH) leave balances exhaustion of vacation leave is not required; if the employee is non-benefited, this requirement does not apply since they do not accrue leave; **AND**, The employee is unable to telecommute; **AND**, the employee or the employee's family member (requiring the employee's care) chooses to stay home to self-monitor due to potential exposure in accordance with CDC guidance or because the employee's minor age children's school or day care has been closed due to COVID-19 precautionary measures; **OR**,

\_\_\_\_\_ The employee or the employee's family member is required by a public health official to self-isolate due to risk of having been exposed to COVID-19; **OR**,

\_\_\_\_\_ The employee received a positive COVID-19 test.

**I have provided the following required documentation, or will provide the documentation within 5 business days of beginning CVT (initial applicable documentation):**

\_\_\_\_\_ The employee must provide documentation from their children's school or day care regarding the closure; **OR**,

\_\_\_\_\_ The employee must provide proof from a public health official that they or the employee's family member are required to self-isolate due to risk of having been exposed to COVID-19; **OR**,

\_\_\_\_\_ The employee must provide proof from a public health official or health care professional confirming a positive COVID-19 test.

I have read and understand the guidance and criteria for using Advanced Sick Leave for COVID-19 (CVS). I understand this is a loan and that this time must be earned and paid back using future accrued sick leave.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Authority Signature

\_\_\_\_\_  
Date