



Saint Mary's
University

Temporary COVID-19 Approach to Sick Leave Form

- FOR TRACKING PURPOSES ONLY/ SICK LEAVE BANKS WILL NOT BE IMPACTED.
- **FOR EMPLOYEES WHO ARE SCHEDULED AND PHYSICALLY REQUIRED TO WORK ON CAMPUS**
- PAID SICK LEAVE FOR THE REMAINDER OF 2020 FOR EMPLOYEES WHO REQUIRE **SICK LEAVE** OR **ARE REQUIRED TO SELF-ISOLATE BECAUSE OF COVID-19.**
- PLEASE RETURN COMPLETED FORM TO HR@SMU.CA.

BANNER ID:	DEPARTMENT:
LAST NAME:	FIRST NAME:

REQUEST TEMPORARY COVID-19 SICK LEAVE

- CASUAL EMPLOYEE (INCL. STUDENTS)
- CONTRACT/TEMPORARY EMPLOYEE
- FACULTY (FULL AND PART-TIME)
- FT/PT PERMANENT EMPLOYEE

START DATE: _____ END DATE: _____ RETURN TO WORK DATE: _____

HARD COPY WILL BE HELD ON FILE IN HUMAN RESOURCES FOR ONE CALENDAR YEAR