

## COVID-19 Related Administrative Time Off (ATO) Request

<b>Section 1: to be completed by employee</b>	
Name:	Date:
Classification:	Position #:
Bargaining Unit:	PERNER:
Institution or Program:	
Supervisor:	
If Applicable:	
Date employee or dependent diagnosed with COVID 19:	
or	
Date employee or dependent placed on quarantine by local health department:	

<b>Section 2: to be completed by supervisor</b>	
Designation (Select One)	Essential      Non-Essential
Was telework considered?	
Can telework be assigned in part, or in whole?*	
<p>*Supervisors are to evaluate the possibility of telework every 2 weeks or as work becomes available.                  If applicable, for anyone whose job duties are not immediately critical to the continuity of operations, and are not viable for telework, a review should be conducted to determine if the employee can be redirected to other work that is either critical (#1) or eligible for telework (#2)</p> <p>I certify that I have reviewed the request and have exhausted all options before submitting this request</p>	
Supervisor Name:	
Supervisor Title:	
Signature:	
Date:	

<b>Section 3: to be completed by employee</b>	
I certify that the information I have provided is accurate. I understand that ATO may be terminated at any time and I may be assigned telework or required to report to work.	
Signature:	
Date:	

<b>Section 4: to be completed by Hiring Authority or Designee</b>	
ATO to be authorized for periods not to exceed 2 week increments for the purposes of evaluating the feasibility of telework or if conditions change.	
Comments	
Date ATO begins:	Date ATO Ends: (no more than 2 weeks from start date)
Approved by:	
Signature:	
Date:	