

COVID-19 Dependent Care Exception Form

Form Expiration Date: December 31, 2021

EMPLOYEE NAME:	WORK AND HOME TELEPHONE NUMBERS:
BLAZERID:	DEPARTMENT:

EXCEPTION REQUEST FOR IMMEDIATE FAMILY MEMBER

Refer to page 2 for supporting documentation required.

I AM SUBMITTING THIS APPLICATION BECAUSE:	
<input type="checkbox"/>	I AM THE PRIMARY CAREGIVER FOR A CHILD, WHO LIVES IN MY HOUSEHOLD, THAT HAS BEEN ADVISED OR DIRECTED TO QUARANTINE DUE TO A SCHOOL CLOSURE RELATED TO A COVID-19 OUTBREAK AT THE SCHOOL.
<input type="checkbox"/>	I AM THE PRIMARY CAREGIVER FOR A DEPENDENT (PARENT OR SPOUSE) THAT HAS BEEN ADVISED OR DIRECTED TO QUARANTINE DUE TO A CARE FACILITY CLOSURE RELATED TO A COVID-19 OUTBREAK AT THE FACILITY.
<input type="checkbox"/>	I AM THE PRIMARY CAREGIVER FOR A DEPENDENT (CHILD, PARENT OR SPOUSE) THAT HAS BEEN ADVISED OR DIRECTED TO QUARANTINE BY A HEALTH CARE PROVIDER OR PUBLIC HEALTH AUTHORITY.

EXCEPTION PERIOD OF LEAVE

START DATE:			END DATE:	
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU PREVIOUSLY SUBMITTED A DEPENDENT CARE COVID-19 FORM REQUEST?		
<input type="checkbox"/>	<input type="checkbox"/>	DO YOU CURRENTLY HAVE ENOUGH ACCRUALS TO COVER THIS LEAVE OF ABSENCE REQUEST?		
ACKNOWLEDGMENT:				
<input type="checkbox"/>	I understand that my request will not be approved until all supporting documentation has been received. I hereby certify that this information is true and correct. Further, as an employee of UAB, I understand that falsification of information on this exception form or supporting documentation may lead to disciplinary action, up to and including discharge from employment.			
EMPLOYEE SIGNATURE:			APPLICATION DATE:	

IMMEDIATE SUPERVISOR NAME:	IMMEDIATE SUPERVISOR SIGNATURE:	APPLICATION STATUS:	
			APPROVED
			DISAPPROVED
AVP/DEAN SIGNATURE:		APPLICATION STATUS:	
			APPROVED
			DISAPPROVED

REQUIRED SUPPORTING DOCUMENTATION

- I am the primary caregiver for a child, who lives in my household, that has been advised or directed to quarantine due to a school closure related to a COVID-19 outbreak at the school. (Documentation from a school official indicating the school closure.)
- I am the primary caregiver for a dependent (parent or spouse) that has been advised or directed to quarantine due to a care facility closure related to a COVID-19 outbreak at the facility. (Documentation from a care facility indicating the facility closure.)
- I am the primary caregiver for a dependent (child, parent, or spouse) that has been advised or directed to quarantine by a health care provider. (Documentation from a medical provider, approved medical facility or public health authority.)

PLEASE EXPLAIN BELOW WHY REMOTE WORK IS NOT AN OPTION.	
PLEASE COMPLETE THE FOLLOWING FIELDS (IF APPLICABLE):	
Dependent's name:	
If dependent is child, age:	
Relationship to dependent:	
Dependent's school or care facility information:	
Dependent's health care provider name:	
Health care facility name:	

Submit this form to leave@uab.edu for next steps.