



## Knights Care Leave Share Request Form

Instructions: This form must be submitted to Human Resource to request leave under the Knights Care Leave Share COVID-19 Major Disaster Leave-Sharing Plan ("Plan"). You may attach additional pages to explain the severe hardship caused by the disaster requiring you to be absent from work.

Name \_\_\_\_\_  
(Last) (First) (MI)  
Position Title: \_\_\_\_\_ Department \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Empl ID \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Expected Dates of Absence: From \_\_\_\_\_ To \_\_\_\_\_

Expected Dates of Leave without Pay: From \_\_\_\_\_ To \_\_\_\_\_

I understand that this form, and any attached pages I submit in support of my leave request under the Plan, will be reviewed by a Human Resources committee established for the expressed purpose of determining eligibility for leave under the Plan.

By requesting leave from the Plan bank, I certify that I have exhausted all of the personally accrued leave available to me, including any leave available under the Families First Coronavirus Response Act. I understand that leave hours under the Plan will be proportionally awarded based on FTE, in increments of 80 hours, based on a 1.0 FTE. I further understand that I can request up to 80 hours (based on a 1.0 FTE) which, if awarded, can be used over multiple pay periods to provide prolonged income or to cover payroll-deducted benefit premiums. I recognize that I can make multiple requests up to the established limit above, but that subsequent requests may be filled in the order that they are received and employees who have not yet received leave donations under the Plan may take precedence.

If I am granted leave from the Plan bank, I agree that I will only take leave under the Plan for reasons related to the COVID-19 major disaster. I understand that I must return unused hours to the Plan bank and notify Human Resources of the number of hours that I will be returning. A copy of my Leave and Pay Exception Report must be forwarded to Human Resources for each pay period that donated Plan hours are used. I further understand that I may not convert leave received under the Plan into cash in lieu of using the leave.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed forms to:  
KCLS@ucf.edu

Questions: 407-823-2771