



UNIVERSITY OF HYDERABAD

Office of the Registrar
Establishment Section-II

Ref. : UH/Estt.-II/B.1/2020/

Date: 23.11.2020

OFFICE ORDER

Sub : Sanction of leave related to COVID – 19 – Reg.

The employees seeking sanction of leave due to Covid-19 should submit their application for appropriate leave in the prescribed proforma, annexed to the Office Order along with the supporting documents viz., Medical Certificate or other relevant document/s, through proper channel.

A handwritten signature in black ink, appearing to be 'P. Sardar Singh', written over a horizontal line.

(P. Sardar Singh)
REGISTRAR

Encl.: Annexure-I

To

All the concerned

Copy to:

1. OSD to the Vice-Chancellor
2. PS to the Registrar/Finance Officer
3. Dean of the Schools / Head of the Departments / Centres
4. Webmaster : With a request to upload the Office Order on the University Website



UNIVERSITY OF HYDERABAD
COVID-19 LEAVE REQUEST FORM
 (To be submitted through proper channel)

INSTRUCTIONS: Employees requesting leave related to COVID-19 should complete this form ONLY if you are requesting the leave due to one of the reasons listed below. Requests for any other reason will follow standard procedures.

EMPLOYEE DETAILS:

Name: _____

Id. No. _____

Department: _____

Mailing Address: _____

Email: _____

Home/Cell Phone: _____

REQUEST DETAILS:

- Quarantined or isolated by order of State/Federal/Local official or medical doctor
 Confirmed case of COVID-19
 Suspected case of COVID-19, and seeking a medical diagnosis
 To care for individual with a confirmed case of COVID-19 or one who is subject to a quarantine/isolation order by order of State/Federal/Local official
 Parent Spouse Child Other
 If you checked "Other," please explain below:

- To provide care for a child due to COVID-19 school closure or childcare unavailability

Nature of Leave : (Earned Leave / Half Pay Leave / Commuted Leave / EOL)**Period of Leave :** _____ (in days)**From** _____ **To** _____**SUPPORTING DOCUMENTATION ATTACHED:**

- Copy of State/Federal/Local quarantine or isolation order related to COVID-19
 Documentation from healthcare provider advising self-quarantine for COVID-19
 Documentation from healthcare provider on seeking diagnosis for suspected COVID-19
 Documentation from healthcare provider advising self-quarantine for COVID-19 for individual within your care
 Documentation of school closing or childcare unavailability
 Employer reserves the right to request additional documentation at any time.

EMPLOYEE ACKNOWLEDGMENT

I understand that completion of this form constitutes a request only and is subject to approval by employer. I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize _____ to obtain and verify any necessary information regarding my request. I understand that providing false information may result in corrective action up to, and including, termination of my employment.

EMPLOYEE SIGNATURE & DATE