

Pandemic Plan: Administrative Leave Agreement Form



Employee Acknowledgement

I understand that I am agreeing to participate in administrative leave at the University of Northern Colorado. If approved, I will adhere to the Pandemic Plan: Remote Work Policy. If permitted, this arrangement will remain active until rescinded by university leadership. From time to time, my supervisor may try to contact me regarding my work status and I am expected to maintain contact with them.

Modifications to this plan are subject to approval by my supervisor or as directed by the Director of Human Resources.

I further understand and acknowledge that:

- It is my responsibility to adhere to the terms and conditions set forth in university policy and regulations.
- I understand that participation in administrative leave is a temporary agreement to keep the campus community safe. University leadership may remove or modify this arrangement at any time.
- I am required to accurately and timely report all time I am on leave in the university's timekeeping system, as required by the university.

The University of Northern Colorado Pandemic Plan Administrative Leave benefit is a temporary agreement to help keep the campus community safe during the COVID-19 Pandemic. When university leadership deems it is safe for everyone to return to campus, the administrative leave privileges will be terminated.

Employee Signature

Date

Supervisor Section

Administrative Leave

Eligibility Requirements

☐ Employee's position prohibits them from working remotely.

☐ Schedule:

First Day of Administrative Leave : _____

Employee Name:	Department:
Office Location:	Work Phone Number:
	Home Phone Number:
Email Address(es):	
Position Number:	Job Title:

Comments:

Approval Section

Supervisor Name

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Received Date

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Supervisor Signature

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Decision Date

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_____ Request Approved as outlined in this document _____ Request Denied at this Time