



**NEW MEXICO JUDICIAL BRANCH**

**Form No. 2020.NMJB.19-1**

**GENERAL PERSONNEL POLICY AND PROCEDURE: Pandemic, Communicable Disease  
Emergency, including the Coronavirus (COVID-19) Policy and Emergency Leave**

**Pandemic and Communicable Disease Emergency Leave  
Request Form**

**REFERENCE**

**12. PANDEMIC AND COMMUNICABLE DISEASE EMERGENCY LEAVE**

Employees who are exhibiting symptoms of or diagnosed with a pandemic, communicable disease or the coronavirus (COVID-19), may be eligible for pandemic and communicable disease emergency leave.

Employees whose immediate family members or household members are confirmed with a pandemic, communicable disease or the coronavirus (COVID-19) and must provide care may also be eligible for pandemic and communicable disease emergency leave. Pandemic and communicable disease emergency leave may not exceed ten (10) working days. The leave is entered into the state human resources time reporting system (SHARE) as administrative leave. Hours entered will reflect the employee’s work schedule, e.g., 8 hours or 4 hours.

Pandemic and Communicable Disease Emergency Leave may be used following the use of Emergency Paid Sick Leave, and Emergency Family and Medical Leave Expansion Act paid leave under the Families First Coronavirus Response Act.

**Judicial Entity Information  
Employee & Proposed Information**

<b>Judicial Entity:</b>	<b>Requested By:</b>
<b>Employee:</b>	<b>Pay Rate:</b>
<b>Job Classification:</b>	<b>Hire Date:</b>
<b>Number of Hours of Pandemic Leave Requested:</b>	

**What is the reason for the request and need? [For example school closure, etc]**

**Employee has a confirmed case of a pandemic, communicable disease or the coronavirus (COVID-19).**

**Employee has a family member or household member that has a confirmed case of a pandemic, communicable disease or the coronavirus (COVID-19).**

**Required: Attach doctor’s note.**



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**TO BE COMPLETED BY EMPLOYEE**

**Employee Signature:**  
(Print & Sign)

**Date:**

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**TO BE COMPLETED BY JUDICIAL ENTITY ADMINISTRATIVE AUTHORITY & HR**

**Administrative Authority Requesting:**  
(Print & Sign)

**Date:**

**Recommendation:**

Approve as Submitted:  YES     NO    Approve as revised:  YES     NO

**Recommended Revisions:**

**Human Resources Professional:**  
(Print & Sign)

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**Internal AOC Use Only**  
**TOTAL COSTS FOR POSSIBLE FEDERAL REIMBURSEMENT**  
**[Attached copies of pay disbursement]**

CC: AOC HRD Coronavirus (COVID-19) File