



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**

**Paid Pandemic Leave for Positive Coronavirus (COVID-19) Tests
 Request Form**

REFERENCE

12. PAID PANDEMIC LEAVE FOR POSITIVE CORONAVIRUS (COVID-19) TESTS

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. This leave may be used intermittently and is available for use between January 1, 2021 and March 31, 2021.

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 eighty (80) hours or ten (10) working days per calendar year. 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.

Employees must telework to the extent they are able and judicial entities are encouraged to allow the employees alternative work schedules to support teleworking, to include evenings and weekends, and to utilize the Emergency Response Team (ERT) Telework Training Opportunities.

**Judicial Entity Information
 Employee & Proposed Information**

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

What is the reason for the request and need? [For example a judicial officer or employee tests positive]

- Employee has a confirmed case of a pandemic, communicable disease or the coronavirus (COVID-19).
- Employee has to provide care for 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: <input type="checkbox"/> YES <input type="checkbox"/> NO Approve as revised: <input type="checkbox"/> YES <input type="checkbox"/> NO Recommended Revisions:	
Human Resources Professional: (Print & Sign)	

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

CC: AOC HRD Coronavirus (COVID-19) File