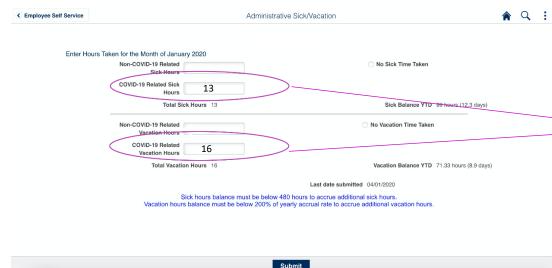
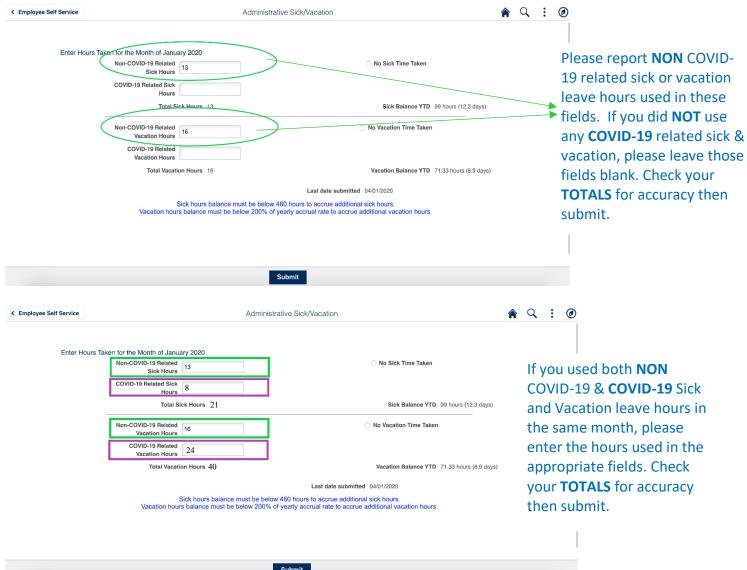
ADM COVID-19 SICK & VACATION REPORTING INSTRUCTIONS



Please report any COVID-19 related sick or vacation leave hours used in these fields. Examples of use of this leave would be time off because of selfquarantine, COVID-19 illness, caring for a family member with COVID-19 or caring for children who are doing school at home due to COVID-19. If you did NOT use any NON COVID-19 related sick & vacation, please leave those fields blank. Check your TOTALS for accuracy and submit.



Enter Hours Tak	ken for the Month of January 2020		
Enter Hours far	Non-COVID-19 Related Sick Hours	No Sick Time Taken	
	COVID-19 Related Sick Hours		
	Total Sick Hours	Sick Balance YTD 99 hours (12.3 days)	
	Non-COVID-19 Related Vacation Hours	No Vacation Time Taken	
	COVID-19 Related Vacation Hours		
	Total Vacation Hours	Vacation Balance YTD 71.33 hours (8.9 days)	
		Last date submitted 04/01/2020	
		st be below 480 hours to accrue additional sick hours. ow 200% of yearly accrual rate to accrue additional vacation hours.	

IF you took NO sick or vacation time for the month, please leave ALL fields, both COVID-19 and NON COVID-19 Sick & Vacation Fields BLANK. Mark the NO SICK TIME TAKEN circle. Check your TOTALS for accuracy then please submit.