

Hope Community Resources Inc.

Director's Approving Leave – Checklist April 2021

Employee Name: _____

Employee ID: _____

Step 1) Review:

- A) What type of leave? Vacation, sick, personal, bereavement, unpaid? Combination?
- B) If Combination – is this accurately reflected on the PLF indicating #hrs of each category?
- C) If Unpaid, does the staff understand average hours worked will be impacted, potentially compromising benefit eligibility? – If yes, make sure staff acknowledge and initial this section on the form
- D) If Out of State Travel – follow information collection listed below.

Step 2) Validate:

- A) Does the staff have enough PTO (SL/VL) to cover the period of time requested AND quarantine period, if applicable? Are these complete dates accurately reflected on the PLF? Available accrual balances can be found for staff in Timekeeping.
- B) Do you have staffing coverage to support the requested time off AND quarantine period, if applicable?
- C) You have authority to deny if the request is outside of policy (EPM pg. 30), not requested timely, is unreasonable, or elicits hardship on the Agency.

Step 3) Submit:

- A) Are all signatures present? For Unpaid or Out of State Travel leave, Director **must** approve and sign prior to submittal.
 - a. Vacation only – Payroll
 - b. Sick only (non-FMLA) – Payroll
 - c. Personal Leave (staff with 20-20.99 avg hrs) – HR, Karen Fritsche
 - d. Bereavement – HR, Karen Fritsche
 - e. Unpaid leave (non-out of state travel) – Caitlyn Scott
 - f. **ALL** Out of State Travel - - HR, Email to Hope Healthline with travel destination and travel dates.

Out of State Travel – all requests for out of state travel are vetted and approved directly through the Director.

Upon approval of leave, **the Director must notify the Hope Healthline with following details of the travel**, and submit a copy of the approved PLF with the attached information to Human Resources.

When assessing out of state travel requests, Directors must receive and complete the following information from staff:

1. Where?
 - Destination:
 - Other cities/airports:
2. What?
 - COVID travel restrictions in the state or country:
 - COVID case levels in the state or country:
 - Chances of not being able to leave the state or country to return on time:

3. When?

Departure date for flight:

Return date for flight:

Will you complete quarantine or COVID testing on returning to Alaska:

4. Which?

Travel mandate option:

1. Within USA, no quarantine or testing, if willing to provide proof of full vaccination (2 weeks following 2nd dose) prior to travel
2. Negative COVID test (taken 72 hours after return to Alaska),
3. 14 day quarantine on return to Alaska from international travel, or
4. 10 day quarantine on return to Alaska from USA only travel?

5. How?

Will you quarantine in Alaska before returning to work once cleared?

Will you pay for accommodation and living expenses if you are not cleared for work and need additional quarantine?

Director approval of out of state travel request.

I am approving this travel request assuring that there is staffing coverage to support the leave and possible quarantine period, and I have validated the Paid Time Off (PTO) is sufficient to approve this request.

Director Name

Date