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**TM**

**FACULTY COVID-19 PAID TIME OFF DUE TO LACK OF WORK and/or EXPANDED-FMLA  
SALARY TRANSFER REQUEST**

Note: This form is for Faculty members who are not in the Time and Labor system but have charges for COVID-19 PTO due to lack of work and/or EFMLA which are eligible to be covered by central funds.

Date: \_\_\_\_\_

To: Jon Fleszar

From: Name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Faculty Member Name \_\_\_\_\_

UMID \_\_\_\_\_ Empl Rcd# \_\_\_\_\_

Faculty Appointment Type (check one):  Monthly Faculty  U-Year Faculty

Time Period of Coverage: \_\_\_\_\_

Number of Days Covered: \_\_\_\_\_

Number of Hours Covered: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

From Sponsored ShortCode(s)	% of Distribution on ShortCode	To ShortCode
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