

LEAVE REQUEST FORM – COVID-related

Date: _____

Employee name: _____

REASON FOR LEAVE:

_____ COVID Employer Sick Leave
(up to 2 weeks)*

_____ COVID FMLA**
_____ intermittent leave

I CERTIFY THAT AM UNABLE TO WORK (OR TELEWORK) FOR THE FOLLOWING REASON:

- I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.

Name of the government entity issuing the order:

- I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19 or while awaiting the results since being exposed.

Name of the advising healthcare provider:

- I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.

- I am getting the **COVID-19 vaccine** OR am recovering from the related side effects.

- I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.

Name of person I am caring for and our relationship:

Name of the government entity issuing the order:

OR Name of the advising healthcare provider:

- I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.

Name(s) and age(s) of child(ren):

Name of closed school(s) or place(s) of care:

- I am experiencing other conditions substantially similar to COVID-19 as specified by the Department of Health and Human Services.

TIME REQUESTED:

From: _____ To: _____ Total number of hours requested: _____

CERTIFICATION:

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature:

If signing electronically, please type your full name, followed by “e-signed.”

Employee Signature: _____ Date: _____

Supervisor’s Signature: _____ Date: _____

NOTE:

The employee is responsible for communicating with the supervisor if and as circumstances change. Any employee who submits false information is subject to disciplinary action.

*Timeforce codes:

ESL – Self – used for yourself and exposure or quarantine

ESL – Care – used to care for someone else (legal dependent)

FMLAC or FMLA – COVID – any reason noted above