

COVID-19 Paid Leave Request Form

If you need to take Leave related to COVID-19, you must complete this form and submit to Human Resources.

Dates for Leave Requested:

Below, please provide the time period for which you request this leave. If you become able to work or telework at an earlier time or the Qualifying Reasons you have selected below no longer apply to you, you **must** notify your Manager at that time. Please let your Manager know if you can work on an intermittent basis.

Provide dates for which leave is requested: _____

Qualifying Reasons for Paid Sick Leave:

You must select the Qualifying Reason you unable to work or telework. Please check all boxes below that apply to you, even if there is more than one, and fill in any related information requested for that Qualifying Reason.

I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

If you selected above, please provide the name of the government entity that issued the quarantine or isolation order:

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

If you selected above, please provide the name and phone number of the health care provider who advised you to self-quarantine due to concerns related to COVID-19:

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

If you selected above, please provide (i) the name of the government entity that issued the quarantine or isolation order to which the individual being cared for is subject; or (ii) the name of the health care provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19, as applicable:

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I HEREBY ATTEST TO THE TRUTHFULLNESS OF THE ABOVE STATEMENTS REGARDING MY REQUEST FOR LEAVE AND CERTIFY THAT I AM UNABLE TO WORK OR TELEWORK DUE TO THE QUALIFYING REASONS I SELECTED ABOVE.

Signature of Employee _____

Printed Name of Employee: _____ Date Signed: _____

Signature of Manager: _____

Printed Name of Manager: _____ Date Signed _____