

Documentation on a COVID-19 Related Absence Prior to EFMLA & EPSL

Employee Name: _____

Employee Start Date: _____

Absence/Leave Start Date: _____

Estimated Return Date: _____

*****Be sure to follow up with the employees before return to work date!*****

Reason for leave:

- Possible exposure
- Self-mandated self-quarantine
- Doctor-mandated self-quarantine
- Experiencing symptoms and seeking medical diagnosis
- Caring for child/children out of school
- Other: _____

Current time off available?

- PTO
- Vacation
- Sick

Amount of time off available: _____

If leave is for the employee:

- What are their symptoms? _____

- What have they done so far or when do they plan to seek diagnosis? _____

