

**COVID-19 LEAVE REQUEST FORM**

**INSTRUCTIONS:** Employees requesting leave related to COVID-19 should complete this form ONLY if you are requesting the leave due to one of the reasons listed below. Requests for any other reason will follow standard procedures. Return this form via email to \_\_\_\_\_ or via fax to \_\_\_\_\_.

**EMPLOYEE DETAILS:**

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

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**REQUEST DETAILS:**

- Quarantined or isolated by order of State/Federal/Local official or medical doctor
- Confirmed case of COVID-19
- Suspected case of COVID-19, and seeking a medical diagnosis
- To care for individual with a confirmed case of COVID-19 or one who is subject to a quarantine/isolation order by order of State/Federal/Local official
  - Parent
  - Spouse
  - Child
  - Other

If you checked "Other," please explain below:

\_\_\_\_\_

\_\_\_\_\_

- To provide care for a child due to COVID-19 school closure or childcare unavailability

**TELEWORK**

- I am available to telework if such work is offered.
- I am not available to telework if such work is offered.

**DATES FOR REQUESTED LEAVE**

\_\_\_\_\_, 2020 through \_\_\_\_\_, 2020.

**SUPPORTING DOCUMENTATION ATTACHED:**

- Copy of State/Federal/Local quarantine or isolation order related to COVID-19
- Documentation from healthcare provider advising self-quarantine for COVID-19
- Documentation from healthcare provider on seeking diagnosis for suspected COVID-19
- Documentation from healthcare provider advising self-quarantine for COVID-19 for individual within your care
- Documentation of school closing or childcare unavailability

Employer reserves the right to request additional documentation at any time.

**EMPLOYEE ACKNOWLEDGMENT**

I understand that completion of this form constitutes a request only and is subject to approval by employer. I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize \_\_\_\_\_ to obtain and verify any necessary information regarding my request. I understand that providing false information may result in corrective action up to, and including, termination of my employment.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE