SAMPLE COVID-19 LEAVE REQUEST FORM

Paid COVID-19 leave allows employees to be absent from work for reasons related to COVID-19 and cannot or are not allowed to telework. This form documents the leave approval process.

Reasons for this leave include:

* **School or Day Care Closures** if you cannot reasonably perform telework while also providing care for children 12 and under, or children over 12 with an ADA-covered disability
* **Health Purposes** if you contract COVID-19 and are too ill to work, or a health care provider determines that your presence in the work place will jeopardize your health or the health of others, or you have been exposed to a person with a confirmed COVID-19 case and you are exhibiting the symptoms of COVID-19
* **Family Caregiving** if you must care for a family member with COVID-19
* **Isolation or Quarantine** if you or someone you must care for is under legal isolation or legal quarantine or your employer direct you not to work for COVID-19 related reasons
* **Agency Closure** if your work place is closed for COVID-19 related health and safety reasons and you are excused from your work duties

Generally, if an employee is well enough to work, cannot telework, and their workplace is open, they are expected to work or use other approved leave type (vacation, etc.) If an employee is unable to telework full-time, they many work a reduced schedule in combination with paid COVID-19 leave.

**COVID-19 Leave Request**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated leave requested**

\_\_\_\_ I am requesting full leave from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ At this time, I am unsure of the length of leave I will need

\_\_\_\_ I am requesting a reduced schedule and anticipate teleworking the following schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for leave**

COVID-19 School Closure Leave:

I must be absent from work because my child’s school or place of care has been closed due to the COVID-1o public health emergency. Check all that apply.

\_\_\_\_ my child is aged 12 and under OR my child is over 12 an incapable of self care

\_\_\_\_ my job responsibilities cannot be performed through telework, I cannot reasonably perform telework while providing childcare, or I am not permitted to telework by my supervisor.

COVID-19 health Leave (self):

I am unable to telework because my job responsibilities cannot be performed through telework, I am too ill to work, or I am not permitted to telework by my supervisor due to: (check all that apply)

\_\_\_\_I am ill with a confirmed case of COVID-19

\_\_\_\_I have been exposed to a person with a confirmed case and am exhibiting a cough, fever and shortness of breath/difficulty breathing

\_\_\_\_A health care provider has determined that my presence in the workplace may jeopardize the health of others because of my likely exposure to COVID-19

\_\_\_\_A health care provider has determined that my presence in the workplace may jeopardize my health because of my underlying health condition(s) which render me at greater risk of serious illness if exposed to COVID-19

COVID-19 Health Leave (family member):

I must be absent from work because I need to care for a family member because of their confirmed case of COVID-19. For this purpose, family member means spouse, child of any age including biological, adopted, let them spell out?

\_\_\_\_My job cannot reasonably be performed through telework while also providing family care or I am not permitted to telework by my supervisor.

COVID-19 Distance Leave:

I must be absent from work because my job cannot reasonably be performed through telework or I am not permitted to telework by my supervisor. Check all that apply.

\_\_\_\_ I am subject to isolation or quarantine

\_\_\_\_ I have the responsibility to care for a person who is subject to isolation or quarantine.

\_\_\_\_ I have been directed by my agency not to report to work for a COVID-19 reason.

I certify that the information provided in this form is true and correct. Any employee who submits false information is subject to disciplinary action.

Employee signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature and date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_