



## COVID-19 Related Leave Form

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Building:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Date Requesting Leave:** \_\_\_\_\_ **Projected Return Date:** \_\_\_\_\_

### Section 1, COVID-19 Related:

#### **I am requesting leave for the following reason:**

A. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The name of the governmental entity ordering quarantine is: \_\_\_\_\_

B. I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The name of the governmental entity ordering quarantine is: \_\_\_\_\_

The name of the individual I am caring for, and his/her relation to me, is: \_\_\_\_\_

C. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. The name of the health care professional who advised self-quarantine is: \_\_\_\_\_

D. I am caring for my own child(ren) because their school or place of care is closed, or my child care provider is unavailable, due to COVID-19 precautions.

I have  have not  attached a copy of the notice of closure. I understand that a copy of the notice is required for my leave to be approved.

Child's Name	Child's Age

If any child is older than 14, please describe the special circumstances that require you to provide care  
Will any other person be providing care for the child(ren) listed above during the period for which you are requesting leave, and are unable to work or telework? Yes \_\_\_ No \_\_\_

E. I, or someone in my household, is in one or more of the following high-risk categories, but has not been advised by a health care provider to self-quarantine:

- Adults aged 60 or older
- People with lung disease, including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function that require home oxygen
- Compromised immune system (immunosuppression) (ex: seeing a doctor for cancer and treatment such as chemotherapy or radiation, receiving an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, etc.)
- Blood disorders (ex: sickle cell disease or blood thinners)



- Chronic kidney disease
- Chronic liver disease
- Current or recent pregnancy (in the last two weeks)
- Diabetes, or other endocrine disorders
- Metabolic disorder (such as inherited metabolic disorders and mitochondrial disorders)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Neurological and neurologic and neurodevelopment conditions.

**If you have checked any of the above boxes in Section 1, you will not be expected to work on-site but will be expected to work remotely to the extent that work is available and required.**

**Employee initials:** \_\_\_\_\_

List any restrictions/limitations on your ability to work remotely:

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**Section 2, COVID-19 Related:**

**I am requesting leave for the following reason:**

- F. I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
- G. Someone in my immediate family is sick with COVID-19 and I am responsible to provide care.
- I understand that I will continue to be paid (not subtracting from accumulated leave balances) and not be expected to work either on-site or remotely; however, it is expected that I report back whenever my own or the condition of my family member changes. Employee initials:** \_\_\_\_\_

**Section 3, non-COVID-19 Related:**

Situations where an employee is unavailable to work (remotely or otherwise) and must use his/her own sick leave (or personal/vacation, or unpaid leave if there is no leave accumulation):

*Non-COVID-19 related leave should be input in Frontline/AESOP*

- An employee is sick or has an appointment but not COVID-19 related
- An employee needs to care for a family member or attend an appointment but not COVID-19 related
- *If an employee fails to attend to the projects, assignments, or tasks provided by the supervisor a conference call will be scheduled by the administrator to determine whether the employee qualifies for any leave or is simply in neglect of duties. A conference summary and/or letter of directive will be issued to clarify employee responsibilities.*

I certify that the information provided is true and correct. I further certify that to the extent I require leave, I am unable to work or telework because of the reason(s) specified above.

Employee Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_