



Exempt COVID-19 Leave Request Form - Effective 1/1/2021-3/31/2021

Employee Information

| | | | |
|-------------------------|--|-----------------------|--|
| First Name: | | Last Name: | |
| Employee Number: | | Department: | |
| Phone Number: | | Email: | |
| Anticipated Begin Date: | | Anticipated End Date: | |

Please indicate the reason for your requested leave by checking the box below:

I am unable to work or telework for the following reason(s) (Check all applicable)

- (1) The employee tests positive for COVID-19. These paid hours will be effective on the date in which the employee is absent and later confirmed to have tested positive by a medical provider/Public Health Agency.
- (2) The employee has been advised by a medical provider/Public Health Agency to quarantine. These paid hours will be effective on the date in which the employee is advised to quarantine.

Employee – defined as a Monroe County staff member that works full-time (40 hrs./wk.) or at least part-time status (20 hrs./wk. or more) that are currently benefit eligible per Monroe County’s Personnel Policy Manual.

Staff are eligible for up to 2 weeks of paid leave total, under the criteria outlined above in (1) and (2). The 2 weeks will be calculated based on the individual’s scheduled hours per week.

****Please include any documentation to verify the information as indicated above, along with this form, to the Personnel Department to be placed in your medical file. ****

Department Head Acknowledgment: _____ Date: _____

Personnel Department Approval: _____ Date: _____

Approval Notes: