



COVID-19 Leave Request Form -

04/1/2021-09/30/2021

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) Employee is subject to a Federal, State, or local quarantine or isolation order related to coronavirus
- (2) Employee has been advised by a health care provider to self-quarantine due to concerns related to coronavirus
- (3) Employee is experiencing coronavirus symptoms and seeking a medical diagnosis
- (4) Employee is caring for an individual who is subject to an order as described in reason (1) or has been advised as described in reason (2) above
- (5) Employee is caring for son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to the coronavirus
- (6) Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Please select the leave option or option(s) you want to request below.

Timeline for usage of accruals below = 04/01/2021 - 09/30/2021

Please indicate below which type of leave you would like to use and anticipated amount of hours for each:

- Vacation _____ hours
- Sick Leave _____ hours
- Floating Holiday _____ hours
- Comp Time _____ hours
- Leave Without Pay _____ hours

Department Head Acknowledgment: _____ Date: _____

Personnel Department Approval: _____ Date: _____

Approval Notes: