



Infectious Disease Policy Leave Request Form

07/01/2022-12/31/2022

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
- (2) Employee has been advised by a health care provider to self-quarantine
- (3) Employee is experiencing 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 health concerns
- (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 = 07/01/2022 - 12/31/2022

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: