



COVID-19 Emergency Leave Request Form -

06/25/2020-12/31/2020

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) I must quarantine per the Monroe County COVID Response Policy – Travel Restrictions due to out of state travel or international travel on an airplane, train, commercial bus, or cruise ship.
- (2) I am a Health Care Provider or Emergency Responder and am not eligible for Option 2 – Emergency Family and Medical Leave Expansion Action or Option 3 – Emergency Paid Sick Leave Act per the Monroe County COVID Response policy, but have been advised by a health care provider to self-quarantine due to concerns related to coronavirus to include the following:
 - I am experiencing coronavirus symptoms and seeking a medical diagnosis (known symptoms of COVID are listed on page 7 question 1 of the Monroe County COVID Response Policy)
 - I have had immediate contact with someone per the Health Department that has tested positive for COVID
 - I have tested positive for COVID

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

Timeline for usage of accruals below = 06/25/2020 – 12/31/2020

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: