

Absence Request for COVID related reasons

Employee Name: _____ Phone #: _____

Address: _____ Email: _____

Job Title: _____ Location: _____

DATES OF COVID RELATED ABSENCE FROM _____ To _____

Reason for request (please indicate reason for request and any documentation requested):

1. Employee is working remotely or unable to work because employee is subject to federal, state, or local quarantine or isolation order related to COVID-19. *** Please provide the name of the government entity that issued the quarantine or isolation order:**

2. Employee is working remotely or unable to work because employee has been advised by a health care provider to self-quarantine related to COVID-19. ***Please provide the name of the health care provider who advised you to self-quarantine due to concerns related to COVID-19:**

3. Employee is working remotely or unable to work because employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. ***Leave is limited to the period of time that you are unable to work because you are taking affirmative steps to obtain a medical diagnosis (ex: time spent making , waiting for, or attending an appointment related to COVID-19).**

4. Employee is working remotely or unable to work because employee is caring for an individual subject to an order described in #1 or self-quarantined as described in#2. Unable to work because employee is caring for his or her child whose school or place of care is closed, or childcare provider is unavailable due to COVID -19 related reasons. *** Please provide government entity that has issued quarantine.**

Name of child being care for: _____

Age of Child being cared for: _____

Name of school, place of care, or childcare provider that has closed or become unavailable:

No other suitable person (such as a co0parent, co-guardian, or the usual childcare provider) is available to care for the child during the period for which I am requesting COVID leave

CORRECT/ INCORRECT (please circle one)

I hereby certify that I am unable to work because of the qualified reason state above. I certify that this statement is true and accurate and understand that my employer is relying on my representations and that false representations may result in disciplinary action.

EMPLOYEE SIGNATURE: _____ **Date:** _____