

COVID-19 Leave Request

Request for COVID-19 FMLA Leave: I am unable to work (or telework) because I must care for my minor child from (date) _____ to (date) _____ because my minor child's:

- _____ 1. School has been closed or is unavailable due to a public health emergency.
I have attached the school closure notice reflecting the name, location and contact information for the school.
- _____ 2. Place of child care has been closed or is unavailable due to a public health emergency.
I have attached the place of child care closure/unavailability notice reflecting the name, location and contact information of the place of child care.

Request for COVID-19 Sick Leave: I am unable to work (or telework) from (date) _____ to (date) _____ because [check all which apply]:

- _____ 1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
I have attached a copy of the [] Federal, [] State or [] local quarantine or isolation order issued by _____ and dated: _____.
- _____ 2. I have been advised by a health care provider to self-quarantine because of COVID-19.
I have attached documentation which reflects (i) the identity of my health care provider by name, address and contact number (ii) date(s) of visit(s) and (iii) said health care provider's advice to me to self-quarantine due to concerns related to COVID-19.
- _____ 3. I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
I understand I will need to provide a release from a health care provider prior to returning to work which reflects) the (i) identity of my health care provider by name, address and contact number and (ii) date(s) of visit(s).
- _____ 4. I am caring for an individual subject or advised to quarantine or isolation.
Provide name and explain: _____
- _____ 5. I am caring for my son or daughter whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions.
I have attached the school closure notice reflecting the name, location and contact information for the school and/or the place of child care closure/unavailability notice reflecting the name, location and contact information of the place of child care.
- _____ 6. I am experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.
Explain: _____

NOTE: FMLA time ends when the reason or condition for which the leave was taken stops, changes, or expires.

I, the Employee whose signature appears below:

- (i) acknowledge I may be unable to return to work until such time as I provide a doctor's note signifying fitness to return to work if appropriate and as requested;
- (ii) understand that I still need to abide by my Department's call in procedures;
- (iii) certify that my COVID-19 Leave Request is due to the reason(s) checked above; and
- (iv) understand that providing false or misleading information about my absence may result in disciplinary action, up to and including immediate termination.

Signature: _____

Printed name: _____ Date: _____