



HUMAN RESOURCES DEPARTMENT

REQUEST FOR COVID-19 ADDITIONAL PAID LEAVE

Employee Name: _____ Date: _____

Department: _____

All employees are eligible for up to an additional thirty (30) working days of paid leave after exhausting the two (2) weeks of COVID-19 Paid Sick Leave under the following circumstances.

Please indicate the applicable condition:

I have a current diagnosis of COVID–19

I have been directed by a health care provider or governmental order to remain under quarantine, self-quarantine, or isolation in order to prevent the spread of COVID–19;

I am engaged in caregiving for an individual who has a current diagnosis of COVID–19 or is under quarantine as described above.

Start Date of Leave: _____

Please contact your supervisor before you return to work.

I certify that the above information is correct.

Signature: _____ Date: _____

I have reviewed the employee's request for leave and verify that the employee is unable to perform work remotely.

Supervisor: _____ Date: _____

Please submit to your Supervisor, who will review, approve and submit to HR.