



## HUMAN RESOURCES DEPARTMENT

### REQUEST FOR COVID-19 SICK LEAVE

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Every employee has available up to two (2) weeks (hours based on the employee's regular work schedule) of paid COVID-19 related sick leave for use under the following circumstances, provided the employee is unable to work. This leave is in addition to their normal City sick leave accruals.

Please indicated the item that applies:

- 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;
- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week to be used \_\_\_\_\_

Name of the health care provider or government agency that issued the order of quarantine:

\_\_\_\_\_

Please contact your supervisor before you return to work and only return on the advice of your health care provider.

- I am caring for a child (under 18 years of age) whose school or childcare provider is closed or unavailable for reasons related to COVID-19 precautions. ***Please provide name of child(ren):***

\_\_\_\_\_

Please designate:

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours per Week to be used \_\_\_\_\_

If you are requesting only a portion of the allowable leave at this time, **please complete a new form for future requests.**

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.**