

# Request for COVID -19 Leave



Employee Name \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Approximate Dates of Request \_\_\_\_\_

Reason for Request (check at least one):

- Employee's own COVID-19 illness or required or advised quarantine
- Care for individual during COVID-19 illness or required or advised quarantine
- School or daycare closure due to a COVID-19 pandemic

Sign the appropriate certification below:

## **1. Employee's own COVID-19 illness or required or advised quarantine**

I certify that I have either been diagnosed with COVID-19, or presumptively diagnosed with COVID-19; or I have been required or advised to quarantine by a federal agency, state or county agency, or a medical provider.

\_\_\_\_\_  
Name of the medical provider or agency advising or requiring the absence

\_\_\_\_\_  
Employee Signature

## **2. Care for an individual during COVID-19 illness or required or advised quarantine**

I certify that I am providing direct care for an individual who has either been diagnosed with COVID-19, or presumptively diagnosed with COVID-19; or who has been required or advised to quarantine by a federal agency, state or county agency, or a medical provider.

\_\_\_\_\_  
Name of the medical provider or agency advising or requiring the absence

\_\_\_\_\_  
Employee Signature

**3. School or daycare closure due to a COVID-19 pandemic**

I certify that my child's school or daycare has been closed due to the COVID-19 pandemic. Further, I certify my child:

- Is under the age of 18
- Attends daycare, K-12 school, or
- Has special needs and would be unable to care for themselves while I am at work.

Has your supervisor made an alternate schedule, hours, or work from home scenario available to you?

Yes                       No

If yes, you will be required to utilize the alternate arrangement prior to being approved for COVID-19 leave.

\_\_\_\_\_  
Name of school or daycare that has been closed due to the COVID-19 pandemic

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
City Administrator

COVID-19 Leave is:

Approved                       Denied