

[COMPANY LETTERHEAD]

**Employee Leave Request Form**

**Instructions:** This Form is to be used to request a leave of absence related to the COVID-19 pandemic. If approved, leave may be paid and/or unpaid, depending upon whether the leave is covered under the Families First Coronavirus Response Act.

Please provide your completed Form to Human Resources.

If you have any questions, please contact Human Resources via phone at [redacted] and/or email at [redacted].

EMPLOYEE INFORMATION	
Employee Name (First, Last, Middle Initial):	
Job Title:	Department:
Date of Hire:	Telephone Number:
ABSENCE INFORMATION	
Requested Dates of Absence (please list all dates):	Anticipated Return-to-Work Date:
QUALIFYING REASON FOR LEAVE	
<input type="checkbox"/> I am unable to work (including remotely) because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. <ul style="list-style-type: none"><li>• <b>List the first date you were unable to work (including remotely) for this reason:</b> _____ / _____ / _____</li><li>• <b>Name of governmental entity ordering quarantine:</b> _____</li></ul>	
<input type="checkbox"/> I am unable to work (including remotely) because I have been advised by a health care provider to self-quarantine related to COVID-19. <ul style="list-style-type: none"><li>• <b>List the first date you were unable to work (including remotely) for this reason:</b> _____ / _____ / _____</li><li>• <b>Name of health care professional advising self-quarantine:</b> _____</li></ul>	
<input type="checkbox"/> I am unable to work (including remotely) because I am experiencing COVID-19 symptoms and seeking a medical diagnosis. <ul style="list-style-type: none"><li>• <b>List the first date you were unable to work (including remotely) for this reason:</b> _____ / _____ / _____</li></ul>	

- **List the COVID-19 symptoms you are experiencing:**

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- **List the date on which you sought a medical diagnosis:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- **Explain what steps you have taken to seek a medical diagnosis:**

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I am unable to work (including remotely) because I am caring for an individual who: (1) is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or (2) has been advised by a health care provider to self-quarantine related to COVID-19.

- **List the first date you were unable to work (including remotely) for this reason:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- **Identify the individual advised to self-quarantine, and explain the individual's relation to you:**

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I am unable to work (including remotely) because I am caring for my child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19.

- **List the first date you were unable to work (including remotely) for this reason:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- **List your children, and the ages of your children, to be cared for during the anticipated dates:**

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- **If the children listed above are between the ages of 14 and 17, explain the special circumstances requiring your provision of care during the anticipated dates:**

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- **Name of school or child care provider closed or unavailable due to COVID-19:**

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- **Will any other person be providing care for the children listed above during the anticipated dates?**

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I am unable to work (including remotely) because I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

- **List the first date you were unable to work (including remotely) for this reason:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*If you are requesting leave for none of the above reasons, select from the below options:*

I am unable to work (including remotely) because I came in close contact in the last 14 days with a confirmed COVID-19 diagnosis.

- **List the first date you were unable to work (including remotely) for this reason:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- **List the date of close contact:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- **Describe the nature of the close contact:**

\_\_\_\_\_

I am unable to work (including remotely) because of my own serious health condition or the serious health condition of my family member (i.e., child, spouse, parent).

- **List the first date you were unable to work (including remotely) for this reason:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I am unable to work (including remotely) for a reason related to my disability.

- **List the first date you were unable to work (including remotely) for this reason:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I am requesting a voluntary personal leave of absence, and none of the above reasons are applicable to my request.

- **List the first date you were unable to work (including remotely) for this reason:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

#### DOCUMENTATION SUPPORTING QUALIFYING REASON FOR LEAVE

To ensure that you qualify, please provide documentation supporting your reason for leave. For example, an employee who is requesting leave because of an order issued by a governmental entity or health care provider should include a copy of the order; an employee who is requesting leave to care for his/her child whose school or child care provider is closed or unavailable should include a copy of notification of the closure or unavailability; an employee who is requesting leave because he/she has been advised by a health care provider to self-quarantine related to COVID-19 should provide substantiating medical documentation.

An employee who is requesting leave related to a serious health condition and/or disability will be provided forms by Company to be completed by the employee's health care provider.

Identify the documentation attached evidencing your inability to work (including remotely):

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### FFCRA

As of April 1, 2020, under the FFCRA, an employee may be eligible for Emergency Paid Sick Leave if the employee is unable to work (including remotely) because the employee:

1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. Has been advised by a health care provider to self-quarantine related to COVID-19;
3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Is caring for his/her child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
6. Is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

As of April 1, 2020, under the FFCRA, an employee may be eligible for Expanded Family and Medical Leave if the employee is unable to work (including remotely) because the employee is caring for his/her child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

Employees should refer to the “Employee Rights” Poster previously disseminated for more information.

### FMLA / ADA

Employees may be eligible for unpaid leave under the Family and Medical Leave Act (“FMLA”) if all of the following are found:

- The employee has been employed by Company for at least 12 months;
- The employee has worked at least 1,250 hours in the preceding 12 months; and
- The employee, or the employee’s family member (i.e., child, spouse, parent), suffers from a serious health condition.

Employees requesting FMLA leave must timely submit a Certification of Health Care Provider explaining the serious health condition.

Employees may also be eligible for leave as a reasonable accommodation under the Americans with Disabilities Act (“ADA”). Employees requesting ADA leave must timely submit an ADA Form completed by their health care provider.

**PERSONAL LEAVE**

Employees may request an unpaid and voluntary personal leave of absence if none of the other qualifying reasons apply. For example, an employee who expresses a general fear of reporting to work is requesting a personal leave of absence.

**APPROVAL / DENIAL**

Manager Signature/Date:

HR Signature/Date:

Did employee provide sufficient documentation to support the leave request? Yes  No