

COVID Employee Leave Request Form

EMPLOYEE LEAVE REQUEST FAMILIES FIRST CORONAVIRUS RESPONSE ACT

Employee Name

Job Title

Work Location

First Date of
Leave

Duration of Requested Leave
(in work days)

Use accrued
leave?

yes
 no

sick
 pers

No. of
Days

Max.
Avail.

Reasons for
Leave
(check one)

- 1 - Employee is subject to federal, state or local COVID-19 quarantine/isolation order (*not currently available in Alabama)
- 2 - Employee has been advised to self-quarantine by health care provider due to COVID-19 (certification from health care provider may be required)
- 3 - Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis (certification from health care provider may be required)
- 4 - Employee is caring for a person subject to federal, state, local or health care official's COVID-19 quarantine/isolation order
- 5 - Employee is caring for a son or daughter under whose school has been closed due to COVID-19 or whose childcare is unavailable during COVID-19
- 6 - Employee is experiencing a substantially similar condition as designated by Department of Health and Human Services

I certify that the above information is correct and my request is based on the reason indicated.

Employee's
Signature

Date Signed

OFFICE USE ONLY

Action Date

Action taken by

Type of Leave
(check all that apply)

Emergency Paid Sick Leave
 FMLA

Action
(check one)

Leave Approved
 Leave Denied

Notes