

COVID-19 Leave Request

Employee to Complete (Please Save This Form Prior to Filling Out)

Employee Name		W#
Agency/Department		
Email Address		Phone #
Start Date of Leave	End Date of Leave	Total Hours Requested
NOTE: Leave must be used consecutively and in full-day increments, but an employee is not required to use all 5 days at once. Leave is prorated for part-time employees.		

Check List of Required Documentation – Must be submitted to HR by the end of the pay period following the pay period for which COVID-19 Leave is requested.

A positive COVID-19 test dated no sooner than three days prior to the first day of leave requested, and no later than the last day of leave requested; **AND**

Completed COVID-19 Leave Request form.

Acknowledgements

By submitting this request, I certify that I am unable to work or telework due to COVID-19 during the timeframe leave is requested. I understand that the State may verify any information provided on this form; providing false information may result in denial of leave and disciplinary action up to, and including, termination.

Employee Name (Printed)

Signature

Date

To be completed by Human Resources: Approved Denied

The HR representative certifies that the following has been received/verified:	Date:
<input type="checkbox"/> Received proof of positive COVID-19 test, dated within three days prior to the first day of leave requested or prior to the last day leave is requested.	
<input type="checkbox"/> Received completed <i>COVID-19 Leave Request form</i> .	
<input type="checkbox"/> Verify employee has not exceeded 40 hours of COVID-19 Leave during the period 1/1/2024-12/31/2024 (prorated by FTE for part-time employees).	

Name of HR Representative	Signature	Date