



COVID-19 Leave Request Form

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 continuously and is prorated for part-time employees.

COVID-19 Vaccination Status (Please check one):

- I am fully vaccinated against COVID-19 and HR has received proof of my vaccination status on file prior to the first day of leave requested.
- I have an approved medical or religious vaccine exemption, and HR has received proof of my exemption status on file prior to the first day of leave requested.
- I do not meet either of these criteria. **If this box is checked, you are not eligible for COVID-19 Leave.**

Check List of Required Documentation

- A positive COVID-19 PCR (non-rapid) 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**
- Completion of this leave request form.

POSITIVE COVID-19 TEST AND COMPLETED LEAVE REQUEST FORM MUST BE SUBMITTED TO HUMAN RESOURCES BY THE END OF THE PAY PERIOD FOLLOWING THE PAY PERIOD COVID-19 LEAVE IS REQUESTED.

Acknowledgements

- I understand that by submitting this request, I represent that I am unable to work or telework due to COVID-19 during the timeframe leave is requested.

Approved by:

Name of HR Representative	Signature	Date