

COVID-19 Leave Request Form

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

W#

Employee Name

Agency/Department			
Email Address		Phone #	
Start Date of Leave*		End Date of Leave*	
Total Hours			
Requested			
*Note: Leave must be used of	ontinuously and is prorated	for part-time employees.	
COVID-19 Vaccination	Status (Please check	one):	
☐ I am fully vaccinated a on file prior to the first d	_	HR has received proof of	my vaccination status
☐ I have an approved me exemption status on file	_	ne exemption, and HR haleave requested.	as received proof of my
□ I do not meet either of 19 Leave.	these criteria. If this bo	ox is checked, you are n	ot eligible for COVID-
Check List of Required	Documentation		
	and no later than the last	ated no sooner than three day of leave requested;	
SUBMITTED TO HUN	MAN RESOURCES B	ETED LEAVE REQUE Y THE END OF THE I 19 LEAVE IS REQUES	PAY PERIOD
Acknowledgements			
		st, I represent that I am u	nable to work or

	☐ I understand that the State may choose to verify any information provided on this form, and that providing false information may result in disciplinary action up to, and including, termination.						
	understand that	ased on either full vaccet by submitting this relify the information proportional):	eques	t I am authorizing	my health care		
Emplo	yee Name (Print	ted) W# Si	gnatı	ıre	Date		
	completed by Hu	uman Resources:					
Effecti Leave	ive Date of	End Date of Leave					
	ours Requested		# H.	ours Available*			
	Eligible?	□ Yes □ No	# 11	ours Available			
		ceeded 80 hours of COVID	-19 Le	ave, prorated by FTE fo	r part-time employees.		
•	red Documentati			71 3			
		ocumentation			ceived by HR		
		documents is on file wi			or to first day of leave		
reque	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	yee is not eligible for (COVII	D-19 Leave)?			
	Full Vaccination Proof						
	Medical Exemption						
D: 1.4	Religious Exemption oid the employee provide both documents within the pay period following the pay period the						
iasi ad	• •	uested (If no, employee ivo COVID 10 PCP (n		i eligible for COVIL	<i>J-19 Leave)?</i>		
	Proof of positive COVID-19 PCR (non-rapid) test, dated within three days prior to						
		leave requested or price					
	the last day leave requested.						
	Completed COVID-19 Leave Request						
_	7	Form					
Additi	onal Comments	(optional):					

Approved by:

Name of HR Representative	Signature	Date