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| [Company Name] |  |

## Covid-19 Sick Leave Request Form

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| Employee Name: |  | |
| Employee Number: | |  |
| Department: |  | |
| Manager: |  | |

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| Type of Covid-19 Sick Leave Absence Requested: | | | | | | | | | | | | |
|  |  | The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID–19.  The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19.  The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis.  The employee is caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in paragraph (2).  The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID–19 precautions.  The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. | | | | |  |  |  | Bereavement |  |  |
| Dates of Leave: From: | | |  |  | To: |  |

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| I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize the company to obtain and verify any necessary information regarding my request. |

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| Employee Signature | Date |

## Manager Approval

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|  |  | Approved |
|  |  | Rejected |
| |  |  | | --- | --- | |  |  | | Manager Signature | Date | | | |