

# EMPLOYEE LEAVE REQUEST

## FAMILIES FIRST CORONAVIRUS RESPONSE ACT

Employee Name	<input type="text"/>	Job Title	<input type="text"/>
Work Location	<input type="text"/>		
First Date of Leave	<input type="text"/>	Duration of Requested Leave (in work days)	<input type="text"/>
Use accrued leave?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> sick <input type="checkbox"/> pers	No. of Days <input type="text"/> Max. Avail. <input type="text"/>

**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	<input type="text"/>	Date Signed	<input type="text"/>
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### OFFICE USE ONLY

Action Date	<input type="text"/>	Action taken by	<input type="text"/>
Type of Leave (check all that apply)	<input type="checkbox"/> Emergency Paid Sick Leave <input type="checkbox"/> FMLA	Action (check one)	<input type="checkbox"/> Leave Approved <input type="checkbox"/> Leave Denied
Notes	<input type="text"/>		