

COVID-19 LEAVE REQUEST FORM

Employee Information

Employee Name: _____

Position: _____

Phone Number: _____ E-mail: _____

Name of Supervisor: _____

Leave Request

Start Date for Requested Leave: _____ End Date for Requested Leave: _____

Reason for Leave (Check all that apply and provide all requested information associated with type of leave requested)

Employee's Condition:

___ Order of Quarantine or Isolation by Local, State or Federal Government (EPSLA Reason 1)

Name of Government Entity Issuing Order: _____

___ Self-Quarantine Advised by Healthcare Provider (State of Emergency Reason 4; EPSLA Reason 2)

Name of Healthcare Professional: _____

___ COVID-19 Symptoms and Seeking Testing or Diagnosis (State of Emergency Reason 3; EPSLA Reason 3)

Name of Healthcare Professional/Test Results: _____

___ High-Risk and Unable to Work Remotely (State of Emergency Reason 2)

High Risk Category: _____

___ Lack of Available Work Due to Pandemic (State of Emergency Reason 5)

Please explain: _____

___ Other Substantially Similar Conditions (EPSLA Reason 6)

Please explain: _____

Care for Others:

___ Care for Dependent with COVID-19 Symptoms and Seeking Diagnosis (State of Emergency Reason 3)

Relationship of Individual to Employee: _____

___ Care for an Individual under Order of Quarantine or Isolation (EPSLA Reason 4(a))

Relationship of Individual to Employee: _____

Name of Government Entity Issuing Order: _____

___ Care for an Individual Recommended for Self-Quarantine by Healthcare Provider (EPSLA Reason 4(b))

Relationship of Individual to Employee: _____

Name of Healthcare Professional: _____

___ Care for Son or Daughter Due to School Closure or Unavailability of Child Care (State of Emergency Reason 1; EPSLA Reason 5; EFMLEA)

Name(s) of Child(ren): _____

Age(s) of Child(ren): _____

Name of School(s) or Child Care Provider(s): _____

Date school closed or child care became unavailable: _____

___ Care for Elder (State of Emergency Reason 1)

Name of Individual Needing Care): _____

Relationship to Employee: _____

Date Elder Care Need Began: _____

Written Explanations

Please explain the circumstances of your leave request by answering the following questions truthfully. This information may be provided to the Internal Revenue Service in the case of an audit.

1. Explain any circumstances surrounding your need for leave, including the reason you checked any particular reason above.

2. Explain why you are unable to work, whether on-site or remotely, due to this reason.

3. If you are requesting leave due to child care or elder care needs, will any other person be providing care for the child or elder during the period of leave?
___ Yes ___ No ___ N/A

4. If the child(ren) whose school or child care is unavailable is over the age of 14, please explain any special circumstances that exist that require you to provide care.

5. If you have been working after the date the need for child care or elder care arose, what has changed to initiate your request at this point?

Employee Authentication

I represent that the information provided in this COVID-19 Leave Request Form is true and accurate to the best of my knowledge. I have been provided RCSS's COVID-19 Leave Policy and notice of my rights to take leave under the Families First Coronavirus Response Act.

Employee Signature: _____ Date: _____

Alternative Authentication:

I am the Assistant Superintendent for Human Resources or their designee who spoke with employee by phone. The employee is unavailable to sign because it would be unsafe for the employee or others for the employee to come onto RCSS property to sign. Accordingly, I am signing that I have asked the employee these questions and accurately recorded the employee's responses on this form on this date.

HR Designee Signature: _____ Date: _____