



COVID-19 Leave Request

To request leave under the Families First Coronavirus Response Act, complete the following request form and return it as soon as possible. If you are making this leave request verbally, this form will be used to record your information.

Employee Name:
Department:

Job Title:
Supervisor:

Leave Start Date:
Leave Type:

Leave End Date:

I am unable to work (including telework) because:

I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of government entity issuing order:

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider advising self-quarantine:

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

I am caring for an individual who is subject to a government quarantine or isolation order or has been advised by a health care provider to self-quarantine.

Name of government entity or health care provider:

I am caring for my child whose school or place of care has closed, or whose child care provider is unavailable due to COVID-19 precautions.

Name of child:

Name of school, place of care, or child care provider that has closed or become unavailable:

I attest no other suitable person is available to care for my child during the requested period of leave.

I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.

I am requesting to take this leave on an intermittent basis.

Employee Signature:

Date:

Employer Signature:

Date: