



Request for COVID-19 Leave

Employee Name: _____

Date: _____

Contact Number: _____

I am asking for a COVID-19 Leave for this reason: (check one)

- 1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- 2. The employee has been advised by a health care provider to self-quarantine related to COVID-19;
- 3. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- 4. The employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
- 5. The employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19
- 6. The Employee is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Start date to being off: _____

Expected return date: _____

Sign the appropriate reason for your leave request on the following pages.

I certify with my signature that the information I have provided is honest and truthful. I understand that if the County finds this to be false information, I can be disciplined up to and including termination.



Employee's own COVID-19 illness or required or advised quarantine

I certify that I have either been diagnosed with COVID-19, or I have been required or advised to quarantine by a federal agency, state or county agency, or a medical provider.

Name of the medical provider or agency advising or requiring the absence

Employee e-signature

Care for an individual during COVID-19 illness or required or advised quarantine

I certify that I am providing direct care for an individual who has either been diagnosed with COVID-19, or who has been required or advised to quarantine by a federal, state or county agency, or a medical provider.

Name of the medical provider or agency advising or requiring the absence

Employee e-signature



School or daycare closure due to COVID-19 pandemic

I certify that my child's school or daycare has been closed due to the COVID-19 pandemic. Further, I certify my child:

- Is under the age of 14
- My child is over 14 but under 18. I certify that there are special circumstances that exist requiring me to care for my child who is older than fourteen during daylight hours Yes No
- Attends day care, K-12 school, or
- Has special needs and would be unable to care for themselves while I am at work

Has your supervisor made an alternate schedule, hours, or work from home (telework) available to you?

Yes

No

If yes, you will be required to utilize the alternate arrangement prior to being approved for COVID-19 leave.

Name of school or daycare that has been closed due to the COVID-19 pandemic (If private day care provide provider's name and phone number)

I am aware that I must inform my Department Head/Elected Official that I would like to be paid for the first 10 days and if I do, from which of my leave banks I would like to be debited.

Employee e-signature

Email these forms to daldridge@clintoncounty-ia.gov or fax to 563-242-3154.

*****DO not deliver or mail forms if you are sick or taking care of someone who is sick.***

This area to be completed by Human Resource's Office only.

Approved

Not approved

Human Resources