



Request for COVID Related Sick 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;

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

Email these forms to daldrige@clintoncounty-ia.gov or fax to 563-242-3154. If you cannot email or fax, please place them in the drop box outside of the Administration Building.

*****DO not deliver or mail forms if you are sick.***

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

Approved

Not approved

Human Resources