

Employee COVID 19 Leave Request Form

Instructions: Employees requesting leave related to the coronavirus disease (COVID-19) should complete this form. Leave requests for any other reason will follow standard procedures. Return this form by email to: _____ or fax to: _____
Manager will respond by telephone to the contact number you provided below.

Do not report to work if you have been diagnosed with COVID-19, are exhibiting any symptoms of COVID-19, or if you have been in direct contact with an individual with a confirmed case of COVID-19.

Employee Details

Employee's Name: _____

Mailing Address: _____

Telephone Number: _____

Supervisor/Manager: _____

Estimated first day of leave: _____

Leave Request Details

- I am seeking medical diagnosis for COVID-19
- I have been advised by healthcare provider to quarantine or remain in isolation
- I am caring for someone who is in quarantine or in isolation,
- I have been ordered by the government to quarantine or remain in isolation
- I am afraid of contracting COVID-19 and would like to self-isolate
- My child's school/childcare service is closed because of COVID-19
- Other _____

I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize my employer to obtain and verify any necessary information regarding my request. I understand that providing false information may result in corrective action, including, suspension or separation of employment. I understand that I should still follow all company policies, including call-out procedures.

Employee's Signature: _____ Date: _____