



# COVID-19 LEAVE REQUEST FORM

*Paid Sick Leave or Paid Emergency Family and Medical Leave*

Employee Name: \_\_\_\_\_

Worksite Employer: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**I am unable to work and request a leave of absence for the following reason (check all that apply):**

**Been individually advised by a government entity to self-quarantine due to concerns related to COVID-19**

Name of government entity: \_\_\_\_\_

\_\_\_\_\_

**Been advised by a health care provider to self-quarantine due to concerns related to COVID-19**

Name of health care provider: \_\_\_\_\_

\_\_\_\_\_

**Experiencing symptoms of COVID-19 and seeking a medical diagnosis**

Name of health care provider: \_\_\_\_\_

\_\_\_\_\_

**Caring for an individual subject to a quarantine due to concerns related to COVID-19**

Name of individual: \_\_\_\_\_

Relation to employee: \_\_\_\_\_

**Caring for a son or daughter whose school or place of care has been closed or the childcare provider is unavailable to provide care due to COVID-19 precautions**

Name of child(ren): \_\_\_\_\_

Age of child(ren): \_\_\_\_\_

Name of school(s) or childcare provider(s): \_\_\_\_\_

\_\_\_\_\_

**Anticipated dates of leave (provide estimated dates if exact dates are unknown):**

Begin: \_\_\_\_\_

End: \_\_\_\_\_

In the case of child care, by signing below I certify that no other person will be providing care for the child during the period for which I am receiving family medical leave and, with respect to my inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, I certify that special circumstances exist requiring me to provide care.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number: \_\_\_\_\_

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Approved

Denied

Reason for denial (if applicable):  Employee can work remotely  No proof of eligibility

Other: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed form to info@servanthr.com.*