

**COVID-19 PAID SICK LEAVE REQUEST FORM**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), request that I be granted leave for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) for my diagnosis and the effects of the COVID-19 virus.

You can go back to your normal activities when, for at least 24 hours, both are true:

* Your symptoms are getting better overall, and
* You have not had a fever (and are not using fever-reducing medication).

When you go back to your normal activities, take added precaution over the next 5 days, such as taking additional steps for cleaner air, hygiene, masks, physical distancing, and/or testing when you will be around other people indoors.

I certify that the information I have provided is true and accurate and I understand that providing false or misleading information about my absence could result in disciplinary action. It is required that a doctor’s note with the diagnosis is include with this form.

Total number of workdays absent due to claim\_\_\_\_\_\_\_\_\_\_\_\_

*The total number of days claimed should be indicated in Red Rover and/or on the appropriate time sheet as COVID.*

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Employee Signature Date