

I request leave from work for the following reason:

_____ I am subject to a government quarantine or isolation order related to COVID-19.

Name of the governmental entity ordering the quarantine _____

_____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of the health care professional advising self-quarantine _____

_____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

_____ I am caring for an individual that is subject to a government quarantine or isolation order related to COVID-19, or that has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of the governmental entity ordering the quarantine, or the health care professional advising self-quarantine _____

Name of the individual needing care _____ Relationship _____

_____ I am caring for a son or daughter because the school or place of child care has been closed, or because the child care provider is unavailable due to COVID-19 precautions. No other person will be providing care for the child.

Name of the school that has closed or the place of care that is unavailable _____

Name of the child(ren) needing care _____ Age(s) _____

If there is a need to provide care for a child over 14 during daylight hours, I am required to provide care that makes me unable to work or telework due to special circumstances: _____

For that reason, I am unable to work, including by means of telework, during the following time period:

First day of leave requested for the above reason: _____

Last day of leave requested for the above reason: _____ Enter "unknown" if the situation will continue for an undetermined length of time into the future.

Signature _____

Date _____

Print employee name _____

Print employer name _____