



PAID COVID-19 LEAVE REQUEST FORM

Completing this Request Form: Before completing this Request Form, review [Policy No. 216-A: FMLA Leave Expansion and Emergency Paid Sick Leave Policy](#). Employees must complete and submit this Request Form and receive approval for use of Paid COVID-19 Leave. Employees must complete a new Request Form and receive a new approval for use of Paid COVID-19 Leave if the reason for their need for Paid COVID-19 Leave changes. Employees must notify their agency promptly once their need for Paid COVID-19 Leave ceases. The completed Request Form must include your electronic/written signature. Forward the completed Request Form to the County Administrator at sgrove@jeffersoncountywv.org.

Employee Name:

Department:

Anticipated Leave Requested

I am requesting full leave from _____ to _____, with an anticipated return to work date of _____.

At this time, I am unsure of the length of leave I will need.

I am requesting a reduced or intermittent schedule. (Includes request for a reduced telework/remote work schedule. Indicate your reduced schedule as well as the date you anticipate to return to your normal work schedule.)

Reason for Leave

COVID-19 Health Leave

I must be absent from work because: *(Please check all that apply)*

I am unable to telework because my job responsibilities cannot be performed through telework, I am too ill to telework, or I am not permitted to telework by my supervisor.

I have a fever, dry cough, shortness of breath or any other COVID-19 symptoms identified by the U.S. Centers for Disease Control and Prevention, and I am seeking a medical diagnosis of COVID-19.

A health care provider has advised me to self-quarantine based on the health care provider's belief that I have COVID-19, that I may have COVID-19, or that I am at particularly vulnerable to COVID-19.

Name of health care provider advising self-quarantine (if applicable):

Written documentation from provider is available and attached: Yes No

COVID-19 Care Leave

I must be absent from work because I am caring for an individual who depends on me to care for them and:
(Please check all that apply)

I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably perform telework while also providing care, or I am not permitted to telework by my supervisor.

The individual has been advised by a health care provider to self-quarantine because of the health care provider's belief that the individual has COVID-19, the individual may have COVID-19, or the individual is particularly vulnerable to COVID-19.

Written documentation from provider is available and attached: Yes No

The individual is subject to a Federal, State, or local isolation or quarantine order related to COVID-19.

The individual I am caring for is my family member. Family members are your spouse, child, adult child, sibling, parent, parent-in-law, grandchild (including biological, step, adopted, and foster grandchild), grandparent, or stepparent.

I am caring for my child whose primary or secondary school or place of child care has been closed or the childcare provider is unavailable due to COVID-19 precautions.

No Other suitable person is available to care for my child during the period of time for which I am requesting Paid COVID-19 Leave

No Other person will be providing care for my child(ren) during the period of time for which I am requesting Paid COVID-19 leave

I am unable to work or telework because special circumstances exist required me to provide care of a child older than 14 during daylight hours.

The individual I am caring for is not my family member, but is a person who regularly resides in my home, or a similar person with whom I have a relationship that creates an expectation that I would care for the person if they were quarantined or self-quarantined.

Name of individual(s) the employee is caring for (include age of child if request is due to school closure):

Relation to employee:

Name of individual's health care provider advising self-quarantine (if applicable):

Name of school(s), place(s) of care, and/or child care provider(s) that have physically closed or are unavailable due to COVID-19:

Name of governmental entity ordering quarantine or isolation (if applicable):

COVID-19 Distance Leave

I must be absent from work because: *(Please check all that apply):*

I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably telework because of the circumstances giving rise to the Distance Leave, or I am not permitted to telework by my supervisor.

I perform essential work but have been assigned a reduced schedule in an attempt to limit the amount of staff present on the county campus at one time.

I am subject to a Federal, State, or local isolation or quarantine order related to COVID-19.

I have been directed by my agency not to report to the workplace for a COVID-19 related reason.

Name of governmental entity ordering quarantine or isolation (if applicable):

I certify that the information I have provided in this form is true and correct. This information is subject to verification. I understand that falsification of any information may lead to disciplinary action.

Employee Signature:		Date:
Dept. Head/ Elected Signature		Date: