

**Warren County
COVID-19 Leave Request Form**

Policy Number: TBD

Instructions:

This form should be completed by the employee and submitted to HR/payroll for any Warren County request for COVID-19 Leave. The purpose of this form is to verify that the employee is qualified for COVID-19 Leave. To demonstrate eligibility for the leave, the employee shall provide proof of COVID-19 testing or other suitable documentation for the circumstances upon request.

Request for WC COVID-19 Leave:

As an employee attesting to eligibility for COVID-19 Leave, I attest that I am unable to work or telework due to the following:

1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The source of the Order is as follows: _____.

2. I was advised by a health care provider to self-quarantine related to COVID-19. The health care provider who advised me to self-quarantine is _____. The date I am expected to return to work is _____ per the health care provider.
 - I have attached written documentation.
 - I do not have any written documentation because _____.

3. I am experiencing COVID-19 symptoms and seeking a medical diagnosis. The health care provider who will help diagnose me is _____.
 - I have attached written documentation.
 - I do not have any written documentation because _____.

I understand that employees will only be permitted up to two weeks ("up to 80 hours") of their regular weekly pay per year.

- I have previously used some of my WC Covid 19 Leave in 2021 (up to 2 weeks/80 hours of paid sick leave for COVID-19), but I still have some time available to me under the WC COVID-19 Leave policy; OR
- I have not previously used any of my WC Covid 19 Leave in 2021 (up to 2 weeks/80 hours of paid sick leave for COVID-19).

In accordance with the above reason, I request to begin COVID-19 Leave on the following date: _____.

Regarding telework,

- I was offered telework, but the circumstances that prevent me from teleworking are as follows: _____.
- I was not offered telework. (To be verified with Department Manager)

I certify the truth and veracity of the above statements and that I have not made any material false statement with the intent to mislead a public servant in the performance of his or her official functions. I understand that I may be subject to disciplinary action, including termination, if any of the above is subsequently determined to be false or misleading.

Employee Name (Print): _____

Employee Signature: _____

Date: _____ Phone: _____