

EMPLOYEE LEAVE REQUEST

FAMILIES FIRST CORONAVIRUS RESPONSE ACT

Employee Name Job Title

Work Location

First Date of Leave Duration of Requested Leave (in work days)

Use accrued leave? yes no sick pers No. of Days Max. Avail.

- Reasons for Leave (check one)
- is Alabama? quarantine?*
- 1 - Employee is subject to federal, state or local COVID-19 quarantine/isolation order (*not currently available in Alabama)
 - 2 - Employee has been advised to self-quarantine by health care provider due to COVID-19 (certification from health care provider may be required)
 - 3 - Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis (certification from health care provider may be required)
 - 4 - Employee is caring for a person subject to federal, state, local or health care official's COVID-19 quarantine/isolation order
 - 5 - Employee is caring for a son or daughter under whose school has been closed due to COVID-19 or whose childcare is unavailable during COVID-19
 - 6 - Employee is experiencing a substantially similar condition as designated by Department of Health and Human Services

I certify that the above information is correct and my request is based on the reason indicated.

Employee's Signature Date Signed

OFFICE USE ONLY

Action Date Action taken by

Type of Leave (check all that apply) Emergency Paid Sick Leave FMLA Action (check one) Leave Approved Leave Denied

Notes