



COVID-19 RELATED LEAVE REQUEST FORM

Employee Name: _____

Work Location: _____

Position: _____

I am requesting leave due to COVID-19 for one of the following reasons (*please select response and provide additional information as requested*):

- 1. ___ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
Name of government entity that issued the order: _____
- 2. ___ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Name of Healthcare Provider who advised the employee: _____
- 3. ___ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4. ___ I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Name of individual being cared for by employee: _____
Relationship to employee: _____
Name of government entity or healthcare provider requiring isolation or quarantine: _____
- 5. ___ I am caring for a son or daughter whose school or place of care has been closed, or the childcare provider of my son or daughter is unavailable, due to COVID-19 precautions.
Name of child being cared for by employee: _____
Name of school, place of care, or childcare provider: _____
Statement indicating if any other suitable person is available to care for the child during the period of requested leave. With the care of a child older than 14 during daylight hours, a statement that special circumstances exist requiring the employee to provide care. _____
- 6. ___ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Other information to be considered in support of my Leave Request:

Requested Leave Start Date: _____ **Requested Leave End Date:** _____

My signature below certifies that all information on this form is accurate and truthful; I understand that false statements and/or misinformation violates Standard #4 of the Code of Ethics for Educators in Georgia and any employee who misrepresents information in this request for leave will be subject to disciplinary actions, up to and including termination of employment. I further understand that this signed document will become a part of my personnel file and I am prepared to provide appropriate supporting documentation if requested.

Employee's Signature: _____

Date: _____

HR USE ONLY

Request Received Date: _____

Approved

Denied

Reason Denied: _____

Human Resources Director

Date