

**EMPLOYEE LEAVE NOTICE DURING COVID-19
(APRIL 1, 2020 – DECEMBER 31, 2020)**

NAME:		DATE:	
EMPLOYEE NUMBER:		DEPT:	CHARGE CODE:
The above named employee <u> </u> WILL BE or <u> </u> WAS absent from <u> </u> through <u> </u> for a total of <u> </u> hours. Check appropriate option: Was covered by the Family/Medical Leave Act <u> </u> Yes <u> </u> No			
VACATION*		SICK *(EMPLOYEE)	SICK COVID-19 (EMPLOYEE) **
COMPENSATORY TIME		SICK *(FAMILY)	SICK COVID-19 (CARETAKER) **
BEREAVEMENT		WORKERS COMP.	FMLA COVID-19 (CHILDCARE) **
MILITARY		INJURY	FMLA (FAMILY/MEDICAL LEAVE, UNPAID) **
JURY DUTY		PAID SUSPENSION	APPROVED LEAVE WITHOUT PAY **
		UNPAID SUSPENSION **	NON-APPROVED LEAVE WITHOUT PAY **
NOTE: Documentation of jury duty, military and bereavement leave must be provided to the Division Manager before any leave is approved.			
SIGNATURE OF EMPLOYEE REQUESTING LEAVE		DEPARTMENT DIRECTOR'S SIGNATURE	
SUPERVISOR/DIVISION MANAGER'S SIGNATURE		HUMAN RESOURCES SIGNATURE**	
* Paid sick or vacation leave <u>may not be used</u> during a new-hire probationary period. (refer to the applicable bargaining agreement or Policy for specific guidelines)			
** Any unpaid leave or leave related to COVID-19 must be routed through the Human Resources Department to ensure compliance with the applicable Policy.			

For use when taking multiple types of leave:

Date(s)	Number of Hours Off	Type of Leave

If leave is for COVID-19, please check the applicable reason for leave:

Applicable to all employees:

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- I have been advised by a health care provider to self-quarantine due to COVID-19 (documentation has been provided to the HR Department)
- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis (documentation will be provided to the HR Department)
- I am caring for someone in my household who has been advised by a healthcare provider to self-quarantine due to COVID-19

Applicable to employees who are not designated emergency responders for COVID-19:

- I am caring for someone who is subject to quarantine or isolation order related to COVID-19 or who has been advised to self-quarantine (documentation will be provided to the HR Department identifying the person you are caring for and their relationship to you)
- I am caring for my child who is under the age of 18 and whose place of school or childcare is closed or the provider is unavailable due to COVID-19 precautions
- I am experiencing another substantially-similar condition specified by the U.S. Dept. of Health & Human Services

If you are in a status receiving 2/3 pay from the City, do you wish to supplement this with 1/3 from your personal accruals? Yes No **If yes, please circle any available time you wish to use: sick / vacation / comp time.**