|  |  |  |
| --- | --- | --- |
| Employee Name | Employee ID Number | Date |
|  |  |  |
| Title | Supervisor | Department |
|  |  |  |
| Leave Start Date | Leave End Date | Total Hours Requested |
|  |  |  |

|  |
| --- |
| I certify that am unable to work (or telework) for the following reason:  I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.  Name of the government entity issuing the order:  I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19.  Name of the advising healthcare provider:  I have **symptoms of COVID-19** and I am seeking a diagnosis; I am seeking or awaiting the results of a   diagnostic test for, or a medical diagnosis of, COVID-19 because **I have been exposed** or because **the Company   has requested the test or diagnosis**; or I am **obtaining a COVID-19 vaccination or recovering from any   injury, disability, illness, or condition related to the vaccination.**  I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19. Name of person I am caring for and our relationship:  Name of the government entity issuing the order:  ***OR***  Name of the advising healthcare provider:  I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.  Name(s) and age(s) of child(ren):   Name of closed school(s) or place(s) of care: |

**I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.**

### Employee Signature:

### If signing electronically, please type your full name, followed by “e-signed.”