

**COVID RELATED ABSENCE
SICK LEAVE BANK BENEFIT REQUEST FORM**

COVID-19 Sick Leave Bank Benefit Request Form

Complete and submit this form to the Human Resources Department, along with supporting documentation, as soon as possible. You must also follow all other standard notification procedures with respect to your supervisor or manager as applicable.

Employee Name		Employee ID #	
Leave Start Date		Leave End Date	

Check the appropriate box below for the relevant COVID-19 Sick Leave Bank qualifying reason:

- I need to:
- Self-isolate and care for myself because I have been diagnosed with COVID-19;
 - Get a medical diagnosis, care, or treatment for COVID-19 symptoms
- I am subject to a quarantine order or similar determination by a local, state, or federal public official, a health authority having jurisdiction, my employer, or a health care provider.

Name of governmental entity, employer, or health care provider ordering or advising self-quarantine:

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By signing below, I attest that I am qualified for COVID-19 Sick leave Bank Benefits for the reason selected above and that, because of this reason, I am unable to work or telework. I understand that making a false claim may result in disciplinary action. I will notify my HR office and my manager/supervisor as soon as my circumstances change.

Employee Signature

Date

**Make sure to provide any relevant supporting documentation,
along with this completed Sick Leave Bank Request Form, to your HR office.**

FOR HR USE ONLY:

Actual Leave Start Date	
Actual Leave End Date	
Total Sick Leave Bank Hours Used	
Department	