



2022 Request for COVID Sick Leave Form

Employee Name: _____

Date(s) requested: from _____ To _____

I am unable to work (or telework) and am requesting COVID sick leave for the following reason:

COVID Qualifying Reasons (up to 40 hours)

- 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- 2. has been advised by a health care provider to self-quarantine related to COVID-19;
- 3. is attending an appointment for myself or a family member to receive a vaccine or a booster for protection against COVID-19;
- 4. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- 5. is experiencing symptoms related to receiving the COVID-19 vaccine;
- 6. caring for an individual subject to an order described in (1) or self-quarantine as described in (2); provide relationship:
- 7. is caring for a child (under 18 years of age) whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
- 8. is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Positive COVID-19 Tests (up to 40 hours)

- 1. I tested positive for COVID-19;
- 2. A family member I am providing care for tested positive for COVID-19

Would you like to use the leave intermittently? Yes No

Would you like to make a retroactive correction to leave taken, Yes No

If Yes, attach a separate sheet with the dates and number of hours.

Employee Signature

Supervisor Approval

Office use:

Bonafide need documented Eligible relationship

Eligible number of hours: