<u>Washington County</u>

REQUEST FOR COVD-19 LEAVE

Employee Name: ______________________________________ Date: _________________

Phone Number: _________________________ Email: ______________________________

I am requesting COVID-19 leave for the following reason (check one):

_____ (1) Employee is subject to a county, state, or federal quarantine or isolation order related to COVID-19.

_____ (2) Employee has been advised by a healthcare provider to self-quarantine related to COVID-19.

_____ (3) Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.

_____ (4) Employee is caring for an individual subject to a county, state or federal quarantine or for an individual who has been advised by a healthcare provider to self-quarantine.

_____ (5) Employee is caring for a child whose school or daycare provider is closed or unavailable for care for reasons related to COVID-19.

_____ (6) Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretary of Labor and the Secretary of Treasury.

Start date of leave: ______________

Expected return date: ____________

Sign the appropriate reason for your leave request on the following pages.

<u>For Employees Quarantined or Sick With COVID-19</u>

I certify that I have either been diagnosed with COVID-19, or I have been required or advised to quarantine by a county, state, or federal agency, or a healthcare provider.

____

Name of diagnosing agency or healthcare provider

____

Employee Signature

I certify with my signature that the information I have provided is honest and truthful. I understand that if Washington County finds this information to be false, I may be subject to disciplinary action up to and including termination.

<u>For Employees Caring For An Individual Quarantined or Sick With COVID-19</u>

I certify that I am providing direct care for an individual who has either been diagnosed with COVID-19, or who has been required or advised to quarantine by a county, state, or federal agency, or a healthcare provider.

____

Name of diagnosing agency or healthcare provider

____

Employee Signature

I certify with my signature that the information I have provided is honest and truthful. I understand that if Washington County finds this information to be false, I may be subject to disciplinary action up to and including termination.

<u>For Employees With Children Impacted by School District/Daycare Closures</u>

I certify that my child's school or daycare has been closed due to the COVID-19 pandemic. Further, I certify that my child is under the age of 18, attends daycare or a K-12 school, or has special needs and would be unable to care for themselves while I am at work.

_____ Yes/No – Has your supervisor made an alternate schedule, a change in hours, or the ability to work from home available to you? If yes, you will be required to utilize the alternate arrangement prior to being approved for COVID-19 leave.

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Name of school or daycare that has been closed due to the COVID-19 pandemic. (If a private daycare provider, please include provider's name and phone number).

_____

Upon request for this type of leave, Washington County will pay the employee up to their full regular pay until the situation is rectified. This is considered Administrative Leave, according to Resolution 20-15 passed on March 17, 2020 by the Board of Supervisors.

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Employee Signature

I certify with my signature that the information I have provided is honest and truthful. I understand that if Washington County finds this information to be false, I may be subject to disciplinary action up to and including termination.

THIS FORM NEEDS TO BE RETURNED TO THE AUDITOR'S OFFICE TO EITHER THE PAYROLL ADMINISTRATOR OR HUMAN RESOURCES.
YOU MAY EMAIL EITHER CONTACT, FAX TO: (319) 653-7788, OR MAIL TO:
PO BOX 889, WASHINGTON, IA 52353.

**** Please do not deliver or mail forms if you are sick or if you are taking care of someone who is sick.**

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This area is to completed by the Auditor's Office only.

_____ Approved

_____ Not Approved

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Authorized Signature

Revised 4/17/20