



Leave of Absence Request Related to Covid-19

****Employees should only complete this form in the event that they are unable to work (or telework) related to COVID-19.***

*Employees requesting leave must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Employee Services. **Supporting documentation may be required.***

Employee Name (Last, First, Middle): _____	Employee ID#: _____
Home Address: _____	Phone: _____
School/Building/Dept: _____	Job Title: _____

Leave Start Date: _____	Expected Return Date: _____
<i>*Notify Employee Services as soon as possible with any changes in leave start or return dates.</i>	

Reason for Leave (check all applicable) I am unable to work (or telework) for the following reasons:

- I am subject to state, federal or local quarantine or isolation order related to COVID-19.
- I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19.
- I have symptoms related to COVID-19 and I am seeking a diagnosis.
- I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19.
- I am experiencing other conditions substantially similar to COVID-19 as specified by Health & Human Services (HHS).
- I need to care for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19.

**Please note: The Families First Coronavirus Response Act has sunsetted on December 31, 2020 and is no longer available. Accrued sick leave and other forms of leave will be used as applicable.*

Will you apply for Washington Paid Family & Medical Leave?

Yes *(information required below)* No

***If you answered yes:** *Do you want sick, personal, vacation or Emergency Paid Sick Leave applied if you have a waiting week?*

Yes No

I certify that the above information is accurate and complete.

Employee Signature: _____ **Date:** _____

*Signature not required if sent via PSD email account