

REQUEST FOR COVID-19 LEAVE AFFIDAVIT

Time Period of Requested Leave:

Continuous Leave Period: Date leave to begin _____ Date leave to end _____

- Or -

Intermittent Leave Request: *(If utilizing intermittent leave, a new form should be completed & turned in to the Payroll Office each pay period)*

<u>COVID-19 Leave Date</u>	<u>Hours</u>	<u>COVID-19 Leave Date</u>	<u>Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am requesting COVID-19 leave because:

School/Daycare Closure (Child-Care Leave):

_____ My minor child's school/daycare has closed, and I need to provide childcare; and I am unable to find alternate childcare, work at home or flex my work schedule

_____ I am caring for a child who is disabled

Symptoms of COVID-19:

_____ I or a member of my household or **immediate family*** am/is presenting symptoms of COVID-19.

Positive test for COVID-19:

_____ I or a member of my household or **immediate family*** has tested positive for COVID-19.

_____ I or a member of my household or **immediate family*** work(s) or go to school with someone who has tested positive for COVID-19.

_____ I or a member of my household or **immediate family*** have been informed by a public health agency that I/they have been exposed to another person who has tested positive for COVID-19.

Recent travel out of the country:

_____ I or a member of my household or **immediate family*** recently returned from a foreign country that has received a CDC Level 3 Travel Health Notice.

Elevated Health Risk:

_____ I have an elevated health risk due to pregnancy, age (over 60), compromised immune system or chronic disease and have been advised by my health care provider to self-quarantine.

_____ Other (please explain) _____

See the Hamilton County Bereavement Leave policy for the definition of **Immediate Family*

I attest that I meet one or more of the eligibility criteria outlined above and as explained in the **Hamilton County COVID-19 Policy**. I acknowledge that providing false information may subject me to disciplinary action.

Employee Name (please print)

Department

Employee Signature

Date

Elected Official/Department Head Signature

Date

Return completed form to your Elected Official/Department Head. A copy must be included with the biweekly payroll voucher for the Payroll Department and a copy forwarded to Human Resources. Eff:3/16/2020