**COVID-19 Related Leave of Absence Request Form**

***If you are applying for a leave of absence due to a COVID-19 issue, complete this form in its entirety and return to Niagara County Human Resources as soon as possible. Your request will be evaluated and you will receive notification of your status. In addition please update your manager or supervisor.***

***If you are under official Order of quarantine or precautionary isolation due to COVID-19 issued by the NYS or local Health Department you may be entitled for up to 10 days of NYS Paid Sick Leave for COVID-19. Please supplement and/or update the information provided below, as appropriate, throughout the course of your leave. In particular, if you receive a diagnosis or positive test for COVID-19, please inform the Human Resources Department immediately at 438-4070 and contact your manager.***

Name:

Title:  Department:

Personal Email (we will send approval/follow-up correspondence via email):

Personal telephone number:

**Please indicate why you are requesting leave by answering the questions below.**

Indicate effective date of leave of absence:

1. Are you requesting leave because a Federal, State, or local governmental entity ordered you to quarantine or to be under precautionary isolation related to COVID-19?

*[ ]  YES or* *[ ]  NO*

If yes, provide the name of the governmental entity ordering quarantine or precautionary isolation:

1. Have you tested for COVID-19?

*[ ]  YES or [ ]  NO*

Date of Test:

Results of Test (provide copy, positive or negative):

1. Are you experiencing symptoms of COVID-19?

*[ ]  YES or [ ]  NO*

 If yes, describe your symptoms

1. Were you ordered to quarantine due to exposure to a positive COVID-19 case?

*[ ]  YES or [ ]  NO*

 If yes, provide the name and date of birth of the positive individual so that we can provide the information to Niagara County Department of Health contact tracers:

1. When was the last date you were at work?
2. What date did contact tracers order you to quarantine through?
3. Provide any additional notes that may be helpful in processing your request:

***The quarantine or precautionary isolation order issued by the governmental entity must be submitted as soon as you receive it. COVID-19 test results should be submitted as soon as possible.***

By signing below, I certify that the information provided above is true and complete to the best of my knowledge.

Employee Signature Date: