

COVID-19 Administrative Leave Request Form



Employee Name	Date	Hours Requested
Leave Start Date	Leave End Date	Total Hours Requested

I CERTIFY THAT AM UNABLE TO WORK FOR THE FOLLOWING REASON:

- I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.
Name of the government entity issuing the order: _____.
- I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19.
Date of Diagnosis: _____.
Isolation Release Date: _____.
Name of the advising healthcare provider: _____.
- I received the **COVID-19 vaccine, suffering from symptoms from the vaccine, or have symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.
- I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.
Date of Diagnosis: _____.
Isolation Release Date: _____.
Name of person I am caring for and our relationship: _____.
Name of the government entity issuing the order: _____.

OR

- Name of the advising healthcare provider: _____.
- I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. I **certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.
Name(s) and age(s) of child(ren): _____.
Name of closed school(s) or place(s) of care Including city and state: _____.
Date Closed _____.
- I am experiencing **other conditions substantially similar** to COVID-19 as specified by the Department of Health and Human Services.

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination. In order to be approved for administrative leave, I understand that I must provide proof of vaccination or an approved reasonable accommodation to Human Resources at HRDept@GreenbeltMD.gov.

Employee Signature: _____
If signing electronically, please type your full name, followed by "e-signed."

Please return the completed form to Human Resources