

COVID-19 LEAVE REQUEST FORM

INSTRUCTIONS

Employees requesting leave related to COVID-19 should complete this form **ONLY** if requesting leave due to one of the reasons listed below (see leave request details). Requests for any other reason will follow standard leave procedures. Return this form via email to benefits@pierce.ctc.edu

EMPLOYEE DETAILS

Name: Position: EID:

Department: Supervisor:

Mailing Address:

Preferred method of contact:

Contact information:

LEAVE REQUEST DETAILS (check any that apply)

Requesting release time to receive COVID-19 vaccination or test (usually 2 hrs max). **Note:** Documentation is not needed in support of this request.

I have been advised to quarantine or isolate by order of State/Federal/Local official or licensed medical provider.

I have been diagnosed with a positive laboratory-confirmed COVID-19 infection.

I am experiencing symptoms of COVID-19, and **I Am/ Am Not** seeking a medical diagnosis.

I have been advised by a licensed medical provider not to be in the workplace due to increased risk of COVID-19 and **I do or do not** fall under the [CDC high-risk categories](#) as listed on the link.

I cannot perform the work available to me because my child's school is closed/or is in a remote learning status, or my childcare provider is unavailable due to COVID-19.

I have been in close contact (see definition below) with an individual who has tested positive for COVID-19, but I am not showing symptoms.

Last date of close contact:

Select one of the following:

I have taken a COVID-19 test Date of test

I have scheduled a COVID-19 test Date of test

I choose not to be tested at this time and will quarantine or isolate as recommended by guidance

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I must care for someone with a confirmed case of COVID-19 or one who is subject to a quarantine/isolation order by order of State/Federal/Local official or medical doctor.

Parent Spouse Child Other

For "Other," please explain below:

Other reason for requesting COVID-19 related leave:

TELEWORK

I am available to telework if such work is offered.

I am not available to telework if such work is offered.

DATES FOR REQUESTED LEAVE

From	To
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SUPPORTING DOCUMENTATION ATTACHED (please select relevant documentation)

Copy of State/Federal/Local quarantine or isolation order related to COVID-19.

Documentation from healthcare provider concerning my own medical situation.

Documentation from healthcare provider concerning the medical situation of a person under my care.

Documentation of school closing or childcare unavailability.

EMPLOYEE ACKNOWLEDGMENT

I understand that completion of this form constitutes a request only and is subject to approval by Pierce College. I certify that the information contained on this form is true and correct to the best of my knowledge.

I authorize the college to obtain and verify any necessary information regarding my request.

I understand that providing false information may result in disciplinary action up to, and including, the possibility of dismissal (in accordance with union contract, if applicable).

Note: Employer reserves the right to request additional documentation at any time.

EMPLOYEE SIGNATURE

DATE _____

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INFORMATION RESOURCES

- ["What to do if you were potentially exposed to someone with COVID-19"](#)
- ["COVID-19: Should you quarantine or isolate?"](#)
- [CDC "Close Contact" definition](#): Someone who has been within [6 feet of an infected person](#) (laboratory-confirmed or a [clinically compatible illness](#)) for a cumulative total of 15 minutes or more over a 24-hour period

(For example: Three individual 5-minute exposures for a total of 15 minutes in one day).