

BAKER COLLEGE

COVID-19 RELATED Unpaid Leave Request Form

Employee Name: _____

Date: _____

I am requesting unpaid leave from _____ [starting date] through _____ [ending date] because I am unable to work, including unable to telework, because I:

1. have been advised by a health care provider, named _____, to self-quarantine related to COVID-19.

2. am experiencing COVID-19 symptoms and/or have been diagnosed with COVID-19.

3. have come into close contact, as defined by the CDC, with an individual diagnosed with COVID-19 or who is symptomatic for COVID-19.

4. am caring for an individual who has been quarantined due to COVID-19.

By checking this box, I am representing that there is no other suitable person available to care for this individual.

5. am caring for my child/children, named _____ whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.

The name of my child/children's school, place of care, or child care provider is:

_____.

By checking this box, I am representing that there is no other suitable person available to care for my child/children.

My signature below indicates that the above information is true and correct to the best of my knowledge.

Employee Signature

Date