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