

COVID-19 PAID SICK LEAVE REQUEST FORM

Name: \_\_\_\_\_

Dates for which leave is requested: \_\_\_\_\_ to \_\_\_\_\_

COVID-19 Qualifying Reason for Leave:

- Governmental issued Quarantine/Isolation order related to COVID-19 (Specify: \_\_\_\_\_)
- Employee advised by Health Care provider (Specify: \_\_\_\_\_) to self-quarantine
- Employee experiencing symptoms of COVID-19 and seeking medical diagnosis
- Employee caring for an individual (name: \_\_\_\_\_, relationship: \_\_\_\_\_) who is:
  - Subject to a Governmental issued Quarantine/Isolation order related to COVID-19 (Specify: \_\_\_\_\_), or
  - Advised by Health Care provider (Specify: \_\_\_\_\_) to self-quarantine
- Employee caring for SON or DAUGHTER if school or place of care has been closed or child care provider unavailable due to COVID-19, and no other suitable person is available to care for the child during the requested time. Detail (name, name of school/childcare, why unavailable): \_\_\_\_\_
- Employee experiencing any other substantially similar condition specified by Secretary of Health and Human Services

I, \_\_\_\_\_, am unable to work or telework because of the COVID-19 qualifying reason checked above.

Pursuant to UCA 78B-18a, I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature