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:
   o Subject to a Governmental issued Quarantine/Isolation order related
     to COVID-19 (Specify:______________), or
   o 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