

Employee Self Reporting of COVID-19 Request for Leave

Employee Name: _____ Department: _____

Effective Date: _____ End Date: _____

Quarantine/Isolation Ordered by: ☐ Health Care Provider _____
☐ Local Jurisdiction _____

In order to treat your health information as confidential you may submit this form to your FMLA Administrator who will then notify your manager of your status. The appropriate documents to support your leave request are set forth. You may also submit other documentation/information to support the need for leave. The Family First Coronavirus Response Act policies are posted on the Wood County Employee website.

Circle the number of the leave type requested:

1. **I am subject to a federal, state, or local quarantine, or isolation order related to COVID-19.**
(The Ohio Stay at Home Order does not apply. Quarantine or isolation must be specific to a person or particular place.)
2. **I have been advised by a health-care professional to self-quarantine because of COVID-19.**
Attach a copy of the certification from the health care professional of the advice to self-quarantine because of COVID-19.
3. **I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.**
Attach a copy of the confirmation that a medical diagnosis was sought due to COVID-19 symptoms.
4. **I have a bona fide need to care for an individual who has been ordered or advised to quarantine or isolate.** Attach the order of quarantine/isolation and the facts regarding why it is necessary that I care for them.
Name _____ Relationship _____
5. **I am needed to care for my child under 18 years of age due to the closure of school or unavailability of childcare provider for COVID-19 reasons.**
Attach the notice of closure of childcare provider. (Note that leave may be limited to the time school would normally be in session.) School District/Childcare Provider _____
6. **For other similar conditions/reasons as determined by the Secretary of Health and Human Services.**
Attach the Order/information of the similar conditions/reasons as determined by the Secretary of Health and Human Services.

Employee Signature/Employee Contact: _____ Date: _____

FMLA Administrator/Payroll Officer: _____ Date: _____

☐ Approved: Emergency Paid Sick Leave Hours Used: _____ Rate %: ☐ 100 ☐ 2/3 ☐ NOT Approved

Employees shall not report to work until:

- at least 3 days (72 hours) have passed since recovery - defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) - and at least 7 days have passed since symptoms first appeared and the ordered quarantine period is complete; or
- if subject to testing, a negative test result is received; or
- as amended by new regulations under the CDC or other governing authority.

Employees must update their FMLA Administrator/Payroll Officer as their status changes and prior to returning to work.

Contact Name: _____

Number: _____ Email: _____