

Paid COVID-19 Leave Request Form

Paid COVID-19 leave is a paid leave resulting from Executive Order 20-07. This leave allows executive branch employees to be absent from work for reasons related to COVID-19 and cannot or are not allowed to telework. This form is to document and expedite the paid COVID -19 leave approval process. Completed forms must be submitted to the agency's HR office for approval.

The reasons for this leave are documented in the [MMB HR/LR Policy 1440 - Paid COVID-19 Leave](#) and include:

- **School or Day Care Closures** if you cannot reasonably perform telework while also providing care for children 12 and under, or children over 12 with an ADA-covered disability
- **Health Purposes** if you contract COVID-19 and are too ill to work, or a health care provider determines that your presence in the workplace will jeopardize your health or the health of others, or you have been exposed to a person with a confirmed COVID-19 case and you are exhibiting the symptoms of COVID-19
- **Family Caregiving** if you must care for a family member with COVID-19
- **Isolation or Quarantine** if you or someone you must care for is under legal isolation or legal quarantine or your employer directs you not to report to work for COVID-19 related reasons
- **Agency Closure** if your workplace is closed by the Commissioner of Minnesota Management and Budget (per § 43A.05, subd. 4) for COVID-19 related health and safety reasons and you are excused from your work duties and cannot be reassigned

Generally, if an employee is well enough to work, cannot telework, and their workplace is open, they are expected to work or use another contractual leave type (e.g. vacation, compensatory time, etc.)

Minnesota Management and Budget is authorized under Executive Order 20-07 to redeploy employees as necessary.

Agency Human Resources may require supporting documentation.

Certain employees who are assigned to provide critical services may be required to receive additional authorization before utilizing this leave.

Before completing this form review the [MMB HR/LR Policy 1440 - Paid COVID-19 Leave](#)

If an employee is unable to telework full-time time, they may work a reduced schedule in combination with paid COVID-19 leave.

The completed form should include your electronic/written signature or forward the form to your supervisor in an email. The supervisor will work with Agency Human Resources to review your request. If an employee's circumstances changes, they must submit a new updated form.

Privacy Notice / Tennesen Warning: Your agency is requesting you, the employee, to complete this form so agency staff can assess whether you qualify for Paid COVID-19 Leave. Upon the form's submission, Human Resources in consultation with your supervisor will review the data and come to a determination regarding your eligibility. You are not legally required to provide us with the data requested on this form; you may refuse to do so. However, failure to complete this form in its entirety may result in a denial of your request for Paid COVID-19 Leave. Some of the data being requested on this form will be classified as private data under Minnesota law. Parties that may gain access to private data include agency representatives with a valid work assignment to access the data, Minnesota Management and Budget, the Legislative Auditor, and any other person or entity authorized by you, or by state or federal law, rule, regulation or court order.

Employee Name: _____ EMPLOYEE ID: _____

Anticipated Leave requested

I am requesting full leave from _____ to _____, returning to work
_____.

At this time, I am unsure of the length of leave I will need.

I am requesting a reduced schedule and anticipate teleworking the following schedule:

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Reason for Leave

COVID-19 School Closure Leave:

I must be absent from work because my child's school or place of care has been closed due to the COVID-19 public health emergency: *(Please check all that apply)*

My child is aged 12 and under OR my child is over 12 years of age and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended). *Child includes biological, step, adopted, and foster child.*

My job responsibilities cannot be performed through telework, I cannot reasonably perform telework while providing childcare, or I am not permitted to telework by my supervisor.

COVID-19 Health Leave (self):

I am unable to telework because my job responsibilities cannot be performed through telework, I am too ill to work, or am not permitted to telework by my supervisor due to: *(Please check all that apply)*

I am ill with a confirmed case of COVID-19

I have been exposed to a person with a confirmed case of COVID-19 and am exhibiting a cough, fever and shortness of breath/difficulty breathing

A health care provider has determined that my presence in the workplace may jeopardize the health of others because of my likely exposure to COVID-19

A health care provider has determined that my presence in the workplace may jeopardize my health because of my underlying health condition(s) which render me at greater risk of serious illness if exposed to COVID-19

COVID-19 Health Leave (family member):

I must be absent for work because I need to care for a family member because of the family member's illness with a confirmed case of COVID-19. *For purposes of COVID-19 Health Leave, family member means: spouse; child of any age including biological, step, adopted, and foster child; sibling; parent parent-in-law; grandchild including biological, step, adopted, and foster grandchild; grandparent or stepparent);*

My job responsibilities cannot reasonably be performed through telework while also providing family care, or I am not permitted to telework by my supervisor

COVID-19 Distance Leave:

I must be absent from work because my job responsibilities cannot reasonably be performed through telework, or I am not permitted to telework by my supervisor and (check all that apply):

I am subject to isolation or quarantine as provided in §144.4196

I have the responsibility to care for a person who is subject to isolation or quarantine as provided in §144.4196

I have been directed by my agency not to report to work for a COVID-19 related reason.

I certify that the information I have provided in this form is true and correct. This information is subject to verification. Any employee who submits false information is subject to disciplinary action, up to and including discharge, and may be subject to action pursuant to chapter 609 (criminal code).

Employee Signature:		Date:	
Supervisor Signature:		Date:	
Human Resources Signature:		Date:	
Senior Management Signature:		Date:	

Human Resources Use: Do not write in this section

Approved

Denied

Date_____