City of Revere COVID-19 Leave of Absence Request Form

Please read before using this form:

Please be aware that further documentation may be required in addition to this form before your request for leave can be approved. Any employee requesting a leave of absence should follow guidance from the Human Resources Department regarding the use of this form and sources of additional documentation.

Employee Name: 

Employee Address: 

Telephone Number: 

Date: 

I hereby request:

☐ A leave of absence

Leave begin date: 

Estimated end date: 

Estimated return to work: 

The reason for my request for a leave of absence is as follows:

Covid 19 Leave (select one of the following):

☐ 1. I am subject to a federal, state or local quarantine or isolation order related to Covid 19

☐ 2. I have been advised by a health care provider to self-quarantine due to concerns related to Covid 19

☐ 3. I am experiencing symptoms of Covid-19 and seeking a medical diagnosis

☐ 4. I am caring for an individual who is subject to number 1 or 2 above

☐ 5. I am caring for my child because his/her school or place of care has closed due to Covid 19 precautions

☐ 6. I am experiencing a substantially similar condition specified by the secretary of health and human services in consultation with the secretary of the treasury and the secretary of labor
I HAVE READ THIS ENTIRE DOCUMENT BEFORE SIGNING.

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<th>Employee’s Signature:</th>
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