



## COVID-19 Request for Leave Form

*\*Directions: This form is an initial screener for special circumstances in which a staff member cannot work either onsite or offsite. Staff who have supervisor's approval to work offsite do not need to complete this form, however, staff who cannot perform their job duties in either a remote or onsite capacity (either partial or in full) should fill out this form and forward to your immediate supervisor. After completion of this form, the staff member may be asked for further information.*

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

Employee Position: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Leave Dates requested: \_\_\_\_\_

Specific Request:

☐ I am NOT able to work remotely due to (please describe special circumstances):

☐ I am NOT able to work onsite due to (please describe special circumstances):

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_