

## 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.**

Employee's Signature:		Date:	
Human Resources Signature:		Date:	