

DUTCHESS COUNTY COVID LEAVE REQUEST

Employee Information

Employee Name: _____

Main Phone Number: _____

Department: _____

Are you able to telecommute? Yes No

Continuous Intermittent* _____ (#) Hours a day* _____ (#) Days a week*

Requested Leave Begin Date: _____

Requested Leave End Date: _____

Note: If an employee meets the requirements, NYS COVID Leave will be charged first and if exhausted, employee will be approved for Dutchess County COVID Leave.

Reason(s) for leave request (Check all applicable):

1. Employee is subject to a Federal, State, or local quarantine or isolation order related to Coronavirus. (Attach any available documentation from the issuing entity).
2. Employee has tested positive for COVID-19. (Attach any available documentation from the health care provider).
3. Employee has a dependent minor who is subject to a Federal, State, or local quarantine or isolation order related to Coronavirus or who has tested positive for COVID-19, and has no other suitable person to care for the child(ren) during the period of requested leave. (Attach any available documentation from the health care provider)

* **Attestation of no other suitable caregiver.** If no other suitable person is available to care for child(ren), please provide a brief explanation of why no other individual is able/available:

I attest that I am unable to work or telecommute because of the COVID-19 reason and understand falsification may result in disciplinary action.

Employee Signature: _____ Date: _____

Department Review

Employee is is not able to work from home.

Appropriate supporting documentation is attached: Yes If not, please do not forward application to HR until paperwork is received and application is complete. Pending approval of an application benefit time will be charged and restored upon approval.

Authorizing Signature: _____ Date: _____

Human Resources Use Only

Leave Request is Approved Denied

Reason for denial: _____

NYS COVID Leave: Begin date: _____ End Date: _____

DC COVID Leave: Begin date: _____ End Date: _____

Authorizing Signature: _____ Date: _____

Please note: Once Human Resources has completed this form, it is the Department's responsibility to relay the results to their employees.