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| --- | --- |
| **Employee Name** | |
|  | |
| **Title** | **Employee ID Number** |
|  |  |
| **Department** | **Manager** |
|  |  |
| **Leave Date(s)** | |
| **Leave Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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| **Returning from Leave Related to COVID-19** |
| I WAS ON A LEAVE OF ABSENCE FOR THE FOLLOWING REASON:  **€** **I was diagnosed with and/or tested positive for COVID-19 or experienced COVID-19 symptoms and sought a medical diagnosis or treatment**  **€** **I was subject to a federal, state, or local government or agency quarantine or isolation order**  **€** **A health care provider advised me to self-quarantine**    **€** **I took care of an individual who was diagnosed with and/or tested positive for COVID-19, was subject to a federal, state, or local government or agency quarantine or isolation order, or who was advised to self-quarantine by a health care provider**  **€** **I cared for my child(ren) due to a school or day care closure or the unavailability of a child care provider**  **€** **Another approved reason for leave related to COVID-19** |

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| **Employee Self-Certification** |
| I CERTIFY THAT ON MY RETURN-TO-WORK DATE:  **€** **I have recovered from COVID-19 or other illness, do not have any symptoms, and have been cleared by my health care provider to return to work**  **€** **The federal, state, or local government or agency quarantine or isolation order I was subject to has ended, and I never had any COVID-19 or flu-like symptoms or have not had any symptoms for at least 14 continuous days**  **€** **I have completed 14 continuous days of quarantine or self-isolation and have not experienced any COVID-19 or flu-like symptoms**  **€** **My need to care for another individual has ended, and I never had any COVID-19 or flu-like symptoms or have not had any symptoms for at least 14 continuous days** |

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 2020

### Employee Signature Date

FOR OFFICIAL USE ONLY

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| --- |
| **Return to Work** |
| **€** Approved  **€** Approved with Accommodation (see below)  **€** Denied (see below) |
| **Reason(s) for Approving Return with Accommodation or Denial** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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### By Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

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