

**Supporting Documentation for Leave Requests-COVID-19 Related**

**This Process is subject to change at any time.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) am requesting a leave for the following reason:

\_\_\_\_\_**Childcare**: I have young children and our school/ is remote until \_\_\_\_\_(date) and I do not have other adults to care for them. Please complete the additional responses below.

\_\_\_\_\_ Based on the above information, are there alternative hours that you can work?

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\_\_\_\_\_**I am High Risk**: I have \_\_\_\_\_\_\_\_\_. Attached is documentation of my condition. (picture of medication, prescription, documentation from a previous doctor’s appointment, Teledoc appt.).

\_\_\_\_\_ **I have a High Risk person/child living in my household**. Attached is documentation of their condition. (picture of medication, prescription, documentation from a previous doctor’s appointment, Teledoc appt.).

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\_\_\_\_\_ **Other**-Please see detailed explanation below with documentation.

I understand that my leave may or may not be approved. If not approved, I must return to work or I could be terminated.

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

Signature Date