

COVID-19 Leave Form

(for use by eligible non union and union members of AFSCME, NPSOA, Teamsters, MNA and IAFF members.) To request COVID-19 leave you must complete and submit this form to Kelly Brown in the Human Resources Department by email at kbrown@newtonma.gov. This form must include the required supporting documentation such as a copy of the test, vaccine record, or quarantine order as soon as practical. You must also follow all other standard notification procedures with respect to your supervisor or manager, as applicable.

Name (first and last - please print)						
Employee ID Number						
Department and Job Title						
Leave Start and End date						
Leave Hours used on the above dates, please specify number of hours each day	Date					
	Hours					

Check the appropriate box below for the relevant COVID-19 Leave qualifying reason:

- I have been diagnosed with COVID-19 and must isolate while infectious to others.
 - Date of positive test _____
 - Date of symptom onset _____ (If you never had any symptoms please write NA)
- I needed to take the above noted days off to get or recover from a COVID-19 vaccination.
- I am subject to a quarantine order due to a verifiable close contact in the workplace.

Name of governmental entity or health care provider ordering or advising self-quarantine:

By signing below, I attest that I am qualified for COVID-19 Leave for the reason selected above. I understand that making a false claim may result in disciplinary action. I will notify my HR office and my manager/supervisor as soon as my circumstances change.

Employee signature Employee email address Employee phone number Date

Make sure to provide any relevant supporting written documentation, along with this completed and signed written notice, to your HR office.

FOR HR USE ONLY:

Actual Leave Start Date/Time _____

Actual Leave End Date/Time _____

Total Hours COVID-19 Used _____

Total Hours of other Paid Leave time used (special, vacation, etc.) _____

Average Number of Weekly Hours Worked _____