

**COVID-19 Administrative Leave Form***Effective April 1, 2021 – June 30, 2021***Section I: Employee Information**

Employee's Full Name

Position Title

Agency/Division

Employee ID Number

Regular scheduled work hours over a 2-week period**Section II: Leave Request Information**

Please indicate the reason why you are unable to work or telework (*only 1 option may be selected*):

- ☐ I am subject to a Federal, State, or local government quarantine/isolation order related to COVID-19.
☐ I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
☐ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Please indicate the dates for leave:

Starting Date _____
Ending Date _____
Return Date _____

If your leave request will exhaust the maximum hours allowed through CAL, please indicate the type(s) of leave you will use in addition to the paid CAL benefit and the number of hours for each leave type:

- ☐ Annual _____ ☐ Sick _____ ☐ None
☐ Compensatory _____ ☐ Personal _____

Section III: Verification and Acknowledgment

Employee's Signature

Date

Supervisor's Acknowledgment

Date

Section IV: CAL Request Status

☐ Approved

☐ Denied

Appointing Authority's Signature

Date