Time & Pay
PAYROLL, HR & AUTOMATED TIMEKEEPING

COVID-19 PTO/FMLA FORM

Company:_____

Employee:_____ **Beginning Date of Leave:**_____

Employee (select ONE and answer related questions):

COVID-19 Sick Leave

For use after 4/1/2021 only

Earning Code: ARPASL (Maximum: 80 Hours)

☐	1. Is subject to a Federal, State, or Local Quarantine or Isolation Order related to COVID-19.

          Name of Government Entity:_____

☐   2.   Has been advised by a Health Care Provider to Self-Quarantine for reason related to COVID-19.

          Name of Health Care Professional:_____

☐   3.   Is experiencing COVID-19 Symptoms and is seeking a medical diagnosis.

☐   4.   Is obtaining a COVID-19 Vaccination.

☐   5.   Is recovering from an injury, disability, illness, or condition related to COVID-19 vaccination.

☐   6.   Is seeking or awaiting the results of a COVID-19 test or diagnosis because of exposure to COVID-19, or the employer has requested the test or diagnosis.

COVID-19 Dependent Care and Child Care

For use after 4/1/2021 only

Earning Code: ARPADC

☐ **7. Is caring for an individual subject to an order described in 1 or 2 of Sick Leave section.**

Name of Government Entity or Health Care Provider:_____

Earning Code: ARPACL

☐ **8. Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable).**

Name and Age of Child(ren):_____

_____

School/District and/or Name of Unavailable Childcare Provider.

_____

Is any other person providing care for the child(ren) during this period?

YES_____ No_____

If child is over 18 years of age, are there special circumstances requiring employee to provide care?

_____

☐ **9. Is experiencing any other substantially similar condition specified by the U.S. Dept. of Health and Human Services.**

Employee Signature:_____ Date:_____

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