



COVID-19 Emergency Leave Request
Dallas County Code Subdivision X. – Families First Coronavirus Response Act

Department Name:	Department Contact Person:	Department Telephone Number:
Employee Name:	Employee's Job Title:	Regular Work Schedule:

Request for COVID-19 Emergency Leave

I am unable to work (or telework) from (date) _____ to (date) _____ because [check all which apply]:

- 1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
 - I have attached a copy of the [] Federal, [] State or [] local quarantine or isolation order issued by _____ and dated _____.
- 2. I have been advised by a health care provider to self-quarantine because of COVID-19.
 - I have attached documentation which reflects (i) the identity of my health care provider by name, address and contact number, (ii) date(s) of visit(s) and (iii) said health care provider's advice to me to self-quarantine due to concerns related to COVID-19.
- 3. I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
 - I understand I will need to provide a release from a health care provider prior to returning to work which reflects the (i) identity of my health care provider by name, address and contact number and (ii) date(s) of visit(s).
- 4. I am caring for an individual subject to an order as described in paragraph 1, or who has been advised as described in paragraph 2.

Provide name and explain: _____

- 5. I am caring for my son or daughter whose school or place of care is closed or whose child care provider is unavailable due to COVID-19 precautions.
 - I have attached the school closure notice reflecting the name, location and contact information for the school and/or the place of child care closure/unavailability notice reflecting the name, location and contact information of the place of child care.
- 6. I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and the Treasury.

Explain:

I, the Employee whose signature appears below:

- (i) Acknowledge I may be unable to return to work until I provide a health care provider's note signifying fitness to return to work if appropriate and as requested;
- (ii) Understand that I still must abide by my Department's call-in procedures;
- (iii) Certify that my COVID-19 Emergency Leave Request is due to the reason(s) checked above; and
- (iv) Understand that providing false or misleading information about my absence may result in disciplinary action, up to and including immediate termination.

Employee's Signature

Date

Employee's Printed Name

NOTE: The Department will forward the COVID-19 Emergency Leave Request form to Human Resources and the Payroll Hotline.

Comments:

Human Resources/Civil Service Department