

BAYFIELD COUNTY
COVID-19 RELATED LEAVE
Available January 1, 2021 – June 30, 2021

EMPLOYEE REQUEST FORM

NAME: _____ DATE: _____

DEPARTMENT: _____ JOB TITLE: _____

STATUS: FULL-TIME PART-TIME

Type of Leave Requested:

Sick Leave *Up to 20 days of sick and unpaid leave may be used prior to use of other paid leave time. Sick leave may be used even if the standard definition of "sick leave" is not met.*

Number of Hours: _____ Date(s): _____

Vacation

Number of Hours: _____ Date(s): _____

Comp Time

Number of Hours: _____ Date(s): _____

Unpaid Leave *Up to 20 days of sick and unpaid leave may be used prior to use of other paid leave time. Use of unpaid leave will not impact benefit accruals.*

Number of Hours: _____ Date(s): _____

Note: If leave is due to travel or participation in activities with elevated risk for exposure which require a quarantine period, employees must exhaust available paid leave time before accessing unpaid leave. Employees (unless in the first year of employment) may not use sick leave for this purpose.

Reason for Leave Request:

I have been advised by Bayfield County that I must quarantine following participation in travel or an event with elevated risk for exposure to COVID19. I am unable to telecommute and I have not received the COVID19 vaccination.

I've been advised by a healthcare provider or Bayfield County Human Resources to self-quarantine due to COVID-19 close contact

Name of Organization/Medical Provider: _____

I'm experiencing symptoms of COVID-19
Name of Organization/Medical Provider: _____

I have received a positive COVID-19 test result
Name of Organization/Medical Provider: _____

I am providing care for an individual who is subject to an order to quarantine or isolate
Name of Organization/Medical Provider: _____

I am providing care for my child because the school is closed, or the childcare provider is unavailable due to COVID-19

I certify that my child's school/childcare provider has been temporarily closed due to COVID-19 and that no other suitable person is available to care for the child during the period of requested leave.

Name of Child/ren: _____

Name of School or Provider: _____

I understand that I am responsible for informing my manager of dates needed as soon as possible, filling in timesheets with the appropriate codes, and keeping in contact with my manager about leave and anticipated return.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

HR Signature: _____

DATE: _____