

Families First Coronavirus Response Act

Emergency Leave request

I, _____ (please print), attest that I will be unable to work (including telework) due to the following reason (select one):

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- 2. I have been advised by a health care provider to self-quarantine related to COVID-19.
- 3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
- 4. I am caring for an individual subject to an order described in reason 1 above or self-quarantine as described in reason #2 above.
- 5. I am caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.

I understand that failure to provide a true and accurate statement may result in disciplinary action.
Below are the dates that I plan to be on leave (and optional information I'd like to provide):

Forms can be emailed to tтиpton@woodfordcountyky.gov or faxed to 859-873-0196.
If you have questions you can call Teresa Tipton, HR Manager at 859-879-8549

IN PERSON FORMS WILL NOT BE ACCEPTED

Employee Signature _____ Date _____

HR Manager _____ Date _____