HUMAN RESOURCES DEPARTMENT

CITY OF BURLINGTON

200 Church Street, Suite 102, Burlington, VT 05401
Phone: (802) 865-7145
Fax (802) 864-1777
Vermont Relay: 7-1-1 or 800-253-0191

COVID-19 EMERGENCY LEAVE REQUEST FORM

Please complete this form to request Emergency Paid leave under the City of Burlington's Emergency Leave policy. When complete, submit the form to your department head for review and signature. Medical certification is required for all paid leave requests, which result from your own serious health condition or to care for a family member with a serious health condition related to the COVID-19.

Name: _____ Date: _____

Department: _____ Title: _____

I am requesting Emergency Paid Leave due to:

- ☐ School or Daycare Closure (with no alternative childcare arrangements available). Employee is unable to work or telework because of the need to care for the employee's son or daughter under 18 years of age if, because of the COVID-19 emergency:
  - the child's school or place of care is closed, or
  - the child's regular paid childcare provider is unavailable.
- ☐ Primary Caregiver Responsibilities (example: employee must provide elder care or other dependent care with no alternative arrangement available)
- ☐ Employee is experiencing symptoms of or is diagnosed with COVID-19
- ☐ Additional Special Emergency Situation - Subject to Department Head & HR Approval (excluding situations which may fall within normal COB Benefits)
- ☐ Is subject to a federal, state, or local quarantine or isolation order related to COVIID-19,
- ☐ Has been advised by a health care provider to self-quarantine because of concerns related to COVID-19,
- ☐ Is caring for an individual who would fall under either of the above two categories, or
- ☐ Has been sent home by the City for failing a temperature screening and is not yet cleared to return to work,

Date of Leave to Begin: _____

Number of Days/Hours per day Requested Off: _____ (Emergency Leave Plan allows up to 25 days)

Note: Any extension of time beyond 25 days must be qualified under the Families First Coronavirus Response Act. Please contact your Human Resources Manager for more details.

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____