Arizona State Personnel System

NOTIFICATION OF NEED FOR LEAVE FOR COVID-19 RELATED REASONS

Please submit this form to your agency Human Resources Office as soon as possible when you become aware that you need leave for a COVID-19 related reason.

Employee Name			EIN	
Email Address (personal preferred)			Date of Request	
Leave requested from (Date) through		gh (Date)	(if unknown, state unknown)	
Supervis	sor's Name	Supervisor's Email _		
Has you	r supervisor been notified of your need for leave?	Yes No		
Leave is	Requested for the Following Reason(s):			
	I am subject to a Federal, State, or local quarant to self-quarantine for reasons related to COVID-provider that issued the quarantine order is: Date of exposure, if known:			
	I am experiencing symptoms of COVID–19 and so the health care provider through whom I am seek			
	Your agency may require you to provide Family and Medical Leave Act (FMLA) paperwork if you are experiencing serious symptoms that persist beyond three days.			
	I am caring for a family member who is subject to entity or health care provider that issued the quar ; and the relations	antine order to which		
	CHILD OTHER	Date of exp	posure, if known: own	
	Your agency may require you to provide Family	THER y and Medical Leave		
	I am caring for my son or daughter (including a for facility or provider being closed or unavailable due requested below that relates to these child/ren.	ster child or stepchild)		
If you a	re requesting leave due to a school or child care	closure please prov	vide the following information:	
Name(s	e) of child/ren			
	e) of the school(s), place(s) of care, or child care pro-	vider(s) that closed or	became unavailable due to	
Is the so	chool/childcare provider offering any in-person class	es? Yes N	No	
If yes, v	what is the schedule of in-person classes?			
	contact your agency Human Resources Office ptions that might be available.	to discuss your lea	ve request and paid and unpaid	
Employe	ee Signature and Date (Electronic Signature Accepte	ed)	Date Signed	

Submit completed form to your agency Human Resources Office or FMLA Coordinator.

To request this form in an alternate format, please call 602-542-5482 or email HumanResources@azdoa.gov.

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