

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 (Date) \_\_\_\_\_ (if unknown, state unknown)  
 Supervisor's Name \_\_\_\_\_ Supervisor's Email \_\_\_\_\_  
 Has your 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 quarantine or order or have been advised by a health care provider to self-quarantine for reasons related to COVID-19. <i>The name of the government entity or health care provider that issued the quarantine order is:</i> <i>Date of exposure, if known:</i>
	I am experiencing symptoms of COVID-19 and seeking a medical diagnosis or pending testing. <i>The name of the health care provider through whom I am seeking a diagnosis or received a test is:</i> <b>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.</b>
	I am caring for a family member who is subject to quarantine and is incapable of self-care. <i>The government entity or health care provider that issued the quarantine order to which the individual is subject is:</i> _____ ; and the relationship of the individual to me is: PARENT SPOUSE CHILD OTHER Date of exposure, if known: own
	I am caring for a family member who is experiencing symptoms of COVID-19. Relationship of family member: PARENT SPOUSE CHILD OTHER <b>Your agency may require you to provide Family and Medical Leave Act (FMLA) paperwork if your family member is experiencing serious symptoms.</b>
	I am caring for my son or daughter (including a foster child or stepchild) due to their school or childcare facility or provider being closed or unavailable due to COVID-19 precautions. Please provide the information requested below that relates to these child/ren.

**If you are requesting leave due to a school or child care closure please provide the following information:**

Name(s) of child/ren \_\_\_\_\_

Name(s) of the school(s), place(s) of care, or child care provider(s) that closed or became unavailable due to COVID-19 reasons \_\_\_\_\_

Is the school/childcare provider offering any in-person classes? Yes No

**If yes, what is the schedule of in-person classes?** \_\_\_\_\_

**Please contact your agency Human Resources Office to discuss your leave request and paid and unpaid leave options that might be available.**

\_\_\_\_\_  
 Employee Signature and Date (Electronic Signature Accepted) Date Signed

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

**To request this form in an alternate format, please call or email your agency Human Resources Office.**