

JUNEAU COUNTY  
FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE OF ABSENCE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ SHIFT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

START DATE OF ANTICIPATED LEAVE: \_\_\_\_\_

EXPECTED RETURN TO WORK DATE: \_\_\_\_\_

REASON FOR LEAVE: (PROVIDE VERIFICATION) (EMERGENCY RESPONDERS/HEALTH CARE EMPLOYEE'S ARE EXCLUDED)

- 1. Employee is subject to a Federal, State, or local quarantine or isolation order related to coronavirus
- 2. Employee has been advised by a health care provider to self-quarantine due to concerns related to coronavirus
- 3. Employee is experiencing coronavirus symptoms and seeking a medical diagnosis
- 4. Employee is caring for a qualified individual who is subject to an order as described in reason 1 or has been advised as described in reason 2
- 5. Employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to the coronavirus
- 6. Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

**(Documentation with regards to any of the above will need to be provided)**

This form will be provided by and must be completed and returned to the Personnel Department.

Do you choose to receive pay for any portion of the leave? \_\_\_\_\_ YES \_\_\_\_\_ NO

Detail: Without pay from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
With pay from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Sick Leave: \_\_\_\_ hrs. Vacation: \_\_\_\_ hrs. Comp. Time: \_\_\_\_ hrs. Holiday: \_\_\_\_ hrs.

I authorize the release of all necessary medical information to Juneau County or a designated agent of Juneau County for processing this request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_