



Additional COVID Sick Request Form

This form is to be completed by eligible regular employees who test positive for COVID-19 and are unable to work or telework due to being sick with COVID-19 or are required to self-quarantine due to testing positive for COVID-19 and have no available paid leave.

Section A:	
Employee Name: _____	Employee ID#: _____
Department: _____	Position Title: _____
Status: Full Time	* Note – Additional COVID Sick is effective January 29, 2022 - April 8, 2022. Eligible Regular Position (full-time) employees may use up to 80 hours of COVID-19 Sick Leave

Section B:	
I Request Additional COVID Sick From:	To:
Last Day Worked:	Expected Return Date:

Section C: Check all that apply
<input type="checkbox"/> Unable to work or telework due to testing positive for COVID 19
<input type="checkbox"/> Tested positive for COVID-19 and has been advised by a health care provider to self-quarantine
<input type="checkbox"/> Tested positive for COVID-19 and is experiencing symptoms of COVID-19
<input type="checkbox"/> Out of all available paid leave and actually at risk of being docked
<input type="checkbox"/> Documentation Attached: (1) the positive COVID-19 test result reflecting the date and test provider information, and (2) medical doctor documentation stating the reason for leave and the duration of the leave

Section D: Employee Authorization
I, the Employee whose signature appears below:
(i) acknowledge I may be unable to return to work until such time as I provide a doctor’s note signifying fitness to return to work if appropriate and as requested;
(ii) understand that I still need to abide by my Department’s call in procedures;
(iii) certify that my COVID-19 Leave Request is due to the reason(s) checked above; and
(iv) understand that providing false or misleading information about my absence may result in disciplinary action, up to and including immediate termination.
Print or Sign Name: _____
Date: _____
Attn Employee: Upon your completion of Section A, B, C submit this form to your Human Resources Liaison for approval.

Section E: Human Resources Liaison Approval
Print or Sign Name: _____
Date: _____
Attn HR Liaison: Upon your review of this form, submit form to Central HR STARS helpdesk: centralHRSTARShelpdesk@hctx.net.