



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.

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| Section A: | |
| Employee Name: _____ | Employee ID#: _____ |
| Department: _____ | Position Title: _____ |
| Status: Full Time | * Note – Additional COVID Sick is effective August 14, 2021 - December 31, 2021. Eligible Regular Position (full-time) employees may use up to 80 hours of COVID-19 Sick Leave |

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

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| 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 |

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| 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. |

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| 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. |