



QUARANTINE LEAVE FOR CERTAIN LAW ENFORCEMENT PERSONNEL REQUEST FORM

Once the employee obtain department head approval on this form, the employee must email this request form with the Human Resources and Talent's Quarantine Leave Checklist to HRTQuarantine@hctx.net.

Employee Name

Employee ID

Business Unit

I am a Harris County certified peace officer or detention officer and am required to quarantine or isolate due to possible or known exposure to a communicable disease while on duty.

My current work schedule is (days/ hours/ day):

I am requesting paid quarantine leave from (date) to (date)

totaling work hours.

I am also requesting reimbursement of reasonable costs related to quarantine or isolation deemed necessary by the Human Resources and Talent Department, including lodging, medical, and transportation as follows:

I, employee signature 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 Quarantine 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 termination.

Employee Signature

Date:

Department Head or Designee:

Date:

Printed Name of Department Head or Designee:

*******FOR INTERNAL HRT USE ONLY*******

The above quarantine leave request has been:

Denied: Employee is not required to self-quarantine or isolate due to a possible or known exposure to a communicable disease while on duty.

Approved:

Employee is entitled to quarantine leave for the duration of the quarantine or isolation period from:

(date) to (date)

Employee is entitled for reimbursement of reasonable costs related to quarantine or isolation:

For: date(s)

For: date(s)

For: date(s)

For: date(s)

(To receive reimbursement, employee must follow the County's regular reimbursement procedures)

Approved by:

Date: