SUPPLEMENTAL PAID LEAVE REQUEST

Select the reason for the request:

☐ If you have been told by a Green County Department Head or Supervisor you must stay at home for COVID-19 related reasons and cannot telecommute

☐ If you, a member of your household, or a dependent is at risk and have been advised by a health care professional to self-quarantine**

☐ If you have been diagnosed with COVID-19 or are experiencing symptoms and are seeking a medical diagnosis**

Dates of Time Off: _____ Total Hours: _____

_____	_____	_____
Date of Request	Employee Printed Name	Employee Signature
_____	_____	_____
Date Approved	Department Head Printed Name	Department Head Signature

****Attach Doctor's Note Verifying the Above Checked Reason for Leave.**

<u>If a doctor's note is not provided, the department head must explain the circumstances for the absence and SPL request:</u>

_____

_____

_____

_____

RECEIVED AND REVIEWED:

_____ _____

Human Resources Department Date

_____ _____

Finance Department Date

_____ _____

Corporation Counsel (if necessary) Date