

Fond du Lac Band of Lake Superior Chippewa
COVID-19 Emergency Leave Policy and Temporary Public Health Emergency Policy
Leave Request Form

Employee Name: _____ Effective Date: _____

Department: _____ Phone #: _____

Type of Leave Requested (select all that apply):

COVID EMERGENCY LEAVE

_____ Two Weeks of Continuous Leave (80 hours) under the COVID-19 Emergency Leave Policy as a result of (please select an option below). Leave has a limited value based on normal rate of pay not to exceed \$511 per day. (Leave code: 645 COVE.)

_____ I am subject to a federal, state, tribal, or local quarantine or isolation order related to COVID-19.

_____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

_____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

_____ Two Weeks of Continuous Leave (80 hours) under the COVID-19 Emergency Leave Policy as a result of (please select an option below). Leave has a limited value of up to 2/3 the normal rate of pay not to exceed \$200 per day. (Leave code: 645 COVE.)

_____ I am caring for an individual who is subject to a local quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

_____ I am 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 child-care provider of such son or daughter is unavailable, due to COVID-19 precautions.

_____ I am experiencing any other substantially similar condition consistent with federal COVID-19 guidelines.

TEMPORARY PUBLIC HEALTH EMERGENCY LEAVE

_____ I am caring for children due to COVID-19 related school closures, childcare closures, or lack of ability to obtain childcare due to COVID-19. The first two weeks will be unpaid and the remaining ten weeks will be at up to 2/3 the normal rate of pay not to exceed \$200 per day. (Leave code: 640 COVD.)

The leave will be (check one) _____ continuous / _____ intermittent.

<p><i>Leave Supplement Option:</i> If my rate of pay under the COVID leave is less than my regular pay, I do / do not (circle one) choose to supplement the COVID leave with accrued leave in order to collect my regular rate of pay, with sick leave first and then annual.</p>
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Employee certification / signature: _____

Division Director approval: _____

HR Director approval: _____