



Lower Columbia College COVID-19 Shared Leave Request Form

Until the expiration of proclamation 20-05, issued February 29, 2020, by the governor and declaring a state of emergency in the state of Washington, or any amendment thereto, whichever is later, the shared leave program has been expanded as a result of the 2019 novel coronavirus (COVID-19). *Please note that documentation may be required based on the qualifying reason that is selected.*

Employee Section

Name: _____ EMP ID: _____
Position: _____ Supervisor: _____

I, _____, am requesting shared leave. I qualify for shared leave because (mark all that apply):

I am isolated or quarantined as recommended, requested, or ordered by a public health official or health care provider.

I have tested positive for COVID-19.

My relative or household member is isolated or quarantined as recommended, requested, or ordered by a public health official or health care provider.

My relative or household member has tested positive for COVID-19.

Relative or household member name: _____

Relationship to LCC employee: _____

I cannot work due to closure of my child's school or place of care by order of a public official for any health-related reason. A school or place of care is considered closed if the physical location is closed. This is true even if some or all instruction is being provided online or through other learning formats where a child is expected or required to complete assignments.

I am considered under criteria set by the CDC to be at increased risk of severe illness and death due to COVID-19

I am not sick but have been advised by a health care provider to not be in the workplace due to risk of COVID-19, but I do not fall into any of the CDC at increased risk categories.

I am requesting COVID-19 related shared leave for a reason not listed above (please describe briefly): _____.

Please specify dates, duration of shared leave request for the reason selected above:



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Signatures

Employee Signature

Date

Supervisor Signature

Date

Human Resources Only

Approve

Deny

Human Resources Signature

Date