



Mennonite Village Covid-19 Earned Leave Request Form

Date _____

Employee Name: _____
(Please print)

Date Positive Test result came back: _____

Dates(s) of **scheduled** shifts for up to 10 days following the date tested positive:

Date Employee was asked to stay off work for symptoms (no test): _____

Symptoms: _____

Date(s) of **scheduled** shifts for up to 5 days following being asked to stay off work due to symptoms that can be related to Covid (see policy for guidance).

Employee Signature _____ Date _____

Supervisor/Schedulers Signature _____ Date _____

Approved for _____ hours Denied for _____

Human Resources _____ Date _____