

Mennonite Village Covid-19 Earned Leave Request Form

Date: _____

Employee Name: _____
(Please print)

I. Date Positive Test result came back: _____

II. Date Employee was asked to stay off work for symptoms & tested for Covid: _____
Date Negative result came back: _____
Date Positive result came back: _____

III. Symptoms:
 Loss of taste and/or smell with no other explanation or
 Both fever (≥ 100.4 degrees) and new unexplained cough associated with shortness of breath
 Other (Please list): _____

IV. Date(s) exposed to Covid-19 positive person: _____
 Work related exposure
 Non-work-related exposure (**must provide proof from healthcare provider or county health dept of exposure and how long you must quarantine**)

Dates(s) of **scheduled** shifts missed due to one of the above reasons:

Employee Signature or Supervisors Signature _____ Date: _____

FOR HR USE ONLY:	
<input type="checkbox"/> Approved for _____ hours	
<input type="checkbox"/> Denied for _____ hours	
_____ Human Resources Signature	_____ Date Approved