

Application for Shared Leave Benefits related to COVID-19

Employee Name (Last, First, MI)						WIN#		
Current Job Title			Contact Phone # Current Supervisor		ervisor	Full Time or Part Time	Salary or Hourly	
I request leave for the following dates and hours:					Total # of hours requested			
Select one or more of the following reasons for why you are unable to work, including telework:								
	1.	I am subject to federal, state, or local quarantine or isolation order related to COVID–19.						
		Name of governmental entity ordering quarantine:						
	2.	I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.						
		Name of the health care professional advising self-quarantine:						
	3.	I am experiencing symptoms of COVID—19 and seeking a medical diagnosis.						
		Name of the health care professional providing care:						
	4.	I am caring for an individual who is subject to either number 1 or 2 above*.						
		Name and relationship to employee:						
		Name of governmental entity ordering quarantine or health care professional advising self-quarantine:						
	5.	vailable, due to						
		COVID—19. I certify that no other person will be providing care for the child during the period for which I am receiving paid leave.						
		☐ Select if applicable. Special circumstances exist that require that I provide care for a child older than fourteen during						
		daylight hours.						
		Name and Age of Child:				ame of School / Place of Care that is Closed:		
		Name and Age of Child:			Name of School / Place of Care that is Closed:			
		Name and Age of Child:			Name of School / Place of Care that is Closed:			
	Name and Age of Child: Name of School / Place of Care that is Closed:						Closed:	
	6.	I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in						
	consultation with the Secretary of the Treasury and the Secretary of Labor.							
Additional information regarding Washburn's Shared Leave regulations and procedures can be found <u>here</u> .								
I understand approved paid shared leave benefits will be processed as soon as practicable and no later than the pay period following receipt of the completed application. I certify that work is available but I am unable to work or telecommute for the reasons stated above as they relate to COVID-19. I certify the information on this application is true and accurate to the best of my knowledge.								
Employee Signature						Date		

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