



REQUEST FOR SUPPLEMENTAL COVID SICK TIME

In order to provide additional support to employees directly impacted by COVID 19, Haartz will provide up to 40 additional sick-time hours paid at base rate to employees who are required to be out due to this highly contagious virus. To request COVID paid sick leave for 2021, please complete the following request form and submit to your supervisor, manager, and the human resources department as soon as possible.

Employee Name: _____ Department: _____ Manager: _____

Leave Start Date: _____ End Date: _____

The amount of COVID paid sick leave being requested is _____ hours.

<input type="checkbox"/> 1) I have tested positive for COVID -19 and am required to quarantine per CDC guidelines. Copy of positive COVID 19 test required.	
Date of positive COVID 19 test;	
Testing Facility:	
<input type="checkbox"/> 2) I am experiencing symptoms of COVID-19 and am awaiting a COVID 19 test result.	
Date of appointment:	
Contact information for healthcare provider, if applicable:	
<input type="checkbox"/> 3) I certify that someone in my immediate household has tested positive for COVID 19. I understand that I will need to get tested for COVID 19 and provide a negative result prior to returning to work.	
Contact information for Board of Health family member is working with:	
Relation to individual who tested positive:	
<p>I understand that I am eligible for up to 40 hours maximum of COVID 19 supplemental sick time in 2021 and that I will need to provide documentation and proof of testing as needed. Additional time off beyond the 40 hours of supplemental COVID sick time will be paid by regular sick time, vacation time or by applying for Pandemic Unemployment, if applicable. FMLA/MPFL will only apply for qualifying cases such as hospitalizations.</p> <p>Completed forms for hourly employees should be returned to Sue Ritson (sritson@haartz.com) and completed forms for salaried employees should be returned to Christine Johnson (cjohnson@haartz.com).</p>	
Employee Signature _____	Date _____
Manager Signature _____	Date _____
HR Signature _____	Date _____