**M E M O R A N D U M**

TO : Tomicita Woodie, Human Resources Director

Department of Personnel Management

FROM :

Supervisor Name, Job Title

 Department Name

DATE :

SUBJECT : **Covid-19 Leave**

Please accept this memorandum in support of (Employee Name) to be placed on COVID-19 Leave as a result, of

The COVID-19 Leave starting date (Begin Date) to (End Date). The employee is approved for Number of Hours.

If you have any questions I can reached at (XXX)- XXX-XXXX or by email at (email address).

Attachments: Written Request to Supervisor for COVID-19 Leave

 Medical Documentation from Medical Provider