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

TO : Supervisor Name, Supervisor Title

 Department Name

FROM :

Employee Name, Job Title

 Department Name

DATE :

SUBJECT : **Request for COVID-19 Leave**

Pursuant to NNPPM, X.B.3., I am requesting COVID-19 Leave for the (Begin Date) to (End Date) ­ under the following category: ***Check appropriate and initial.***

 Category a- When a family member has tested positive for the virus and requires assistance from the employee.

* Attach official medical documentation indicating employee is caring for family member with COVID-19.

 Category b- When the employee has tested positive for the virus.

* Attach official medical documentation showing positive COVID-19 test.

I understand upon my return to work I will need to provide a clearance letter from a healthcare provider or a statement attesting to the verbal notification received from the healthcare provider or testing facility.

If you have any questions I can be reached at (XXX)- XXX-XXXX.

**APPROVAL:**

Supervisor Name, Title

Department Name

Attachments: Memorandum from Supervisor

 Medical Documentation from Healthcare Provider