

NAVAJO NATION

COVID-19 Leave Checklist

Employee's Name: _____ Date: _____

Department/Program: _____ Job Title: _____

Supervisor: _____

Reason for Request	Required Documentation
<input type="radio"/> Employee Tested Positive	<input type="radio"/> Employee's written leave request with beginning and ending date, including the number of hours. <input type="radio"/> Official medical document from a medical provider or testing facility showing a positive COVID-19 test for employee. <input type="radio"/> Written verification from employee attesting to the verbal notification received from medical provider or testing facility regarding test result, if unable to obtain from medical provider or testing facility. <input type="radio"/> Disclosure Authorization Form <input type="radio"/> Essential program designation issued by Division Director
<input type="radio"/> A Family Member Tested Positive and requires Employee's Assistance. <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent	<input type="radio"/> Employee's written leave request with beginning and ending date, including the number of hours. <input type="radio"/> Official medical document from a medical provider or testing facility showing a positive COVID-19 test for family member. <input type="radio"/> Written document describing the assistance needed by the family member and why the assistance cannot be provided by others. <input type="radio"/> Essential program designation issued by Division Director
<input type="radio"/> Supervisor Requiring Employee to be away from the work place	<input type="radio"/> Written memorandum from supervisor to employee requiring employee to be away from the work place for a specified amount of time (beginning date and ending date).

Leave Start Date:		Leave End Date:	
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REVIEW
<input type="radio"/> Employee is eligible and all required documents are attached. <input type="radio"/> Employee is ineligible due to the following reason(s): _____ _____

REVIEWED BY:		DATE:	
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