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

TO : Employee Name, Job Title

 Department Name

FROM :

Supervisor Name, Job Title

 Department Name

DATE :

SUBJECT : **COVID-19 Leave**

Pursuant to NNPPM, X.B.3.h.1.c., you are being placed on COVID-19 leave and required to be away from the workplace due to the following: ***Check appropriate and initial.***

\_\_\_\_ i. Exposure to an individual who has tested positive or is suspected to be positive for COVID-19, or

\_\_\_\_ ii. You are showing symptoms consistent with COVID-19.

You will be placed on COVID-19 Leave starting (start date) to (End Date).

Please proceed to a medical facility for COVID-19 testing and self-monitoring for symptoms consistent with COVID-19. You are required to maintain communication with your immediate supervisor on your status and provide an update of medical documentation related to COVID-19 testing date and results.

Should you require additional information, I can be reached at (XXX)- XXX-XXXX.

Attachments: Medical Documentation from Healthcare Provider