



# Leave Request Form – BR2020

<b>Name</b>	<b>Employee ID</b>
<b>Department/Campus</b>	<b>Position</b>
<b>Email</b>	<b>Phone Number</b>
<b>Date</b>	<b>Duration of Leave (Specify Dates)</b>

An employee requesting leave due to COVID 19 must complete this form and return it to Human Resources as soon as the need for leave is identified. Documentation supporting the need for leave should be included when the request is submitted. Without this completed form and documentation this leave request cannot be processed and may be denied.

In the event an employee is requesting leave for one of the criteria listed below, RMA will grant up to five (5) days of paid BR2020 leave per school year for all full-time staff. If the BR2020 leave has been exhausted personal will be used, and if all personal leave has been exhausted your semi-monthly payroll will be adjusted.

I request leave for the following reason(s):

- I'm subject to a federal, state, or local quarantine or isolation order related to COVID-19.  
Name of entity requiring quarantine or isolation: \_\_\_\_\_
- I've been advised to self-quarantine by a health care provider.  
Name of health care provider requiring quarantine or isolation: \_\_\_\_\_
- I'm experiencing symptoms of COVID-19 and am seeking a medical diagnosis.  
Name of health care provider: \_\_\_\_\_

***For office use only:***

Supporting Documents Provided:     yes     no

**Approved By:** \_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_