**WELLESLEY COLLEGE**

**Request for Massachusetts COVID-19 Emergency Sick Leave**

**Employee’s Name:**  **Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COVID 19 Reason for Leave:** Please indicate the reason for this COVID-19 this leave request and how it is related to COVID-19.

1. I or a family member need to self-isolate because of a COVID- 19 diagnosis \_\_\_\_\_\_
2. I or a family member need to get a medical diagnosis, care, or treatment for COVID-19 symptoms\_\_\_\_\_\_
3. I or family member need to get or recover from a COVID-19 immunization\_\_\_\_\_

**Certification:**

If your need for leave is due to a quarantine order or self-quarantine advice, for either yourself or the need to care for a child, spouse, or parent, you must provide the following information.

1. the date on which the condition commenced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. the probable duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. the name of the governmental entity ordering quarantine or the name of the health care provider advising self-quarantine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. the relationship of the person to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Leave:

Anticipated Date of Return: (Employee to complete)

I declare that I am unable to work or telework because of the COVID-19 related reason indicated above.

Employee Signature Date

Forms to be returned to: Wellesley College Human Resources Office

Attn: JoAnne O’Beirne

106 Central Street

Wellesley, MA 02481

Or email jobeirne@wellesley.edu

HR office to complete

ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Posn\_\_\_\_\_\_\_\_\_\_ Reg.Schedule\_\_\_\_\_\_\_\_\_

Time taken\_\_\_\_\_\_\_\_ Wages paid\_\_\_\_\_\_\_\_\_ Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_