



EMORY
UNIVERSITY

COVID-19 EMORY PAID LEAVE REQUEST FORM

I, _____, hereby attest I am unable to return to work on campus on the following dates _____

(please specify period) for the following reasons: (select all that apply):

_____ I have been diagnosed with the COVID-19 virus (**Documentation from a medical provider or approved medical facility has been faxed to 404-712-5205 or emailed to covidtracinghr@emory.edu, along with this form**).

_____ I am subject to a federal, state, or local quarantine or isolation order related to COVID-19 (**Documentation from a medical provider or approved medical facility has been faxed to 404-712-5205 or emailed to covidtracinghr@emory.edu, along with this form**).

_____ I have been advised by a medical provider or facility to self-quarantine due to concerns related to COVID-19 (**Documentation from a medical provider or approved medical facility has been faxed to 404-712-5205 or emailed to covidtracinghr@emory.edu, along with this form**).

_____ I am caring for immediate family members who are subject to a federal, state, or local quarantine or isolation order related to COVID-19 (**Documentation from a medical provider or approved medical facility has been faxed to 404-712-5205 or emailed to covidtracinghr@emory.edu, along with this form**).

I understand that my request will be reviewed, and if remote work and/or paid leave is not available, I may be placed in an unpaid status.

Please provide any other relevant information below:

*I will promptly notify my manager if there is any substantial change in these circumstances.

Employee Name: _____

Employee Signature: _____

Today's Date: _____