



# COVID Related Leave Request Form

Please select one or more reasons and include dates.

**I am experiencing a COVID-19 related issue and requesting use of:**

Regular OFLA up to 12 weeks of protected leave for myself, or a to care for a family member.

Regular FMLA up to 12 weeks of protected leave for myself, or to care for a family member.

County temporary schedule change.

County temporary work location change.

Sick Child OFLA, up to 12-weeks off to care for a child whose school or place of care has been closed in conjunction with a statewide public health emergency declared by a public health official.

Approved remote work.

My accrued leave banks.

---

Employee Name (printed)

Department

Date