



EMPLOYEE VERIFICATION for PAID LEAVE DUE to CORONAVIRUS 2019 COVID19 ADMIN LEAVE

Employee Name: _____

Employee ID: _____ Home Unit: _____

Department: _____

Division: _____

Email: _____

Phone: _____

Begin Date	Estimated End Date*

*Estimated End Date cannot exceed 10 work-days.

COVID19 Admin Leave Request

I, _____ [Name of employee], hereby verify (choose the applicable reason):

Self-Quarantine: I meet scenario(s) established in the SOA COVID-19 Leave Policy or meet guidelines established by the CDC, SOA Health Mandates, and SOA Health Alerts to self-quarantine* due to the coronavirus disease 2019 (COVID-19) paid at 100% pay rate (check all that apply):

I am required to self-quarantine via a State Health Mandate, State Health Alert, or local government (for example: travel self-quarantine). (Limited to 10 work days per incident)

I have tested positive for COVID-19. (Limited to 10 work days)

I am experiencing the symptoms of COVID-19 and seeking a medical diagnosis. (Limited to 10 work days per incident.)**

***Please note:** An employee may be required to telecommute during the self-quarantine period. If the employee is directed to telecommute and declines to do so, the employee must use their own accrued leave or be in a leave without pay status for the time in self-quarantine.

****To be eligible to take COVID-19 leave** under this category you must be seeking a medical diagnosis or have been advised by a health care provider (HCP) to self-quarantine. Note; updated as of January 1, 2021.

I declare under penalty of perjury under the laws of the state of Alaska the foregoing is true and correct.

Employee Signature: _____

Date: _____

Print Name: _____

City/State: _____

Submit this form immediately to Payroll Services

cc: Supervisor and Admin Staff (Timekeeper)

Please review the [Payroll Update: Leave Usage for COVID19](#) for instructions on how to fill out your timesheet and leave slip.

Please contact Agency HR to help with any questions.