

## COUNTY OF MENDOCINO

**COVID-19 Leave Request Form**

**Confidential**

Catastrophic Leave is a paid leave of absence from donated hours of County employees to cover an employee's time off due to the catastrophic illness of the employee, the employee’s spouse, domestic partner, child, or parent. The leave request must be in direct correlation to the COVID-19 virus. All COVID-19 leave requests must be approved by the Human Resources Director.

COVID-19 Catastrophic Leave applies as follows:

1. Leave shall be available to employees of the COVID-19 Virus and may be used beginning March 18, 2020 through the duration of this declared emergency once all accrued leave balances are exhausted. This Leave Bank shall be available to all directly impacted employees regardless of their bargaining unit.

2) Employees directly impacted by the COVID-19 Leave will not accrue vacation or sick leave while utilizing Emergency Leave, pursuant with the current Catastrophic Leave Policy.

**TO BE COMPLETED BY EMPLOYEE**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPLANATION OF HARDSHIP DUE TO COVID-19**

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Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Original to Hu man Resources Annex Department at: 880 North Bush, Ukiah, CA 95482