



Paid COVID-19 Leave Request Form (Revision Effective Date 04/07/2020)

On March 17, 2020, the Governor issued Executive Order 20-07 authorizing Minnesota Management and Budget (MMB) to provide Paid COVID-19 Leave to executive branch employees who must be absent from work for reasons related to COVID-19, **and cannot or are not permitted to telework**. This Request Form is to document and expedite the Paid COVID-19 Leave approval process. Completed forms must be submitted to the agency's HR office for approval.

Eligible reasons for leave are documented in the [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#) and include:

- **School or Childcare Provider Leave** if your child's school or place of care is physically closed, or your childcare provider is unavailable, due to COVID-19 and you need to care for your child who is under age 18, or age 18 or older and incapable of self-care because of an ADA-covered disability, there is no other suitable person available to care for your child, and you cannot work or telework
- **Health Purposes** if you cannot work or telework and you have symptoms associated with COVID-19 and are seeking a diagnosis, you have been exposed to COVID-19 and have symptoms associated with COVID-19, or a health care provider advises you to self-quarantine due to concerns related to COVID-19
- **Caregiving** if you are caring for an individual who depends on you to care for them and the individual has been advised by a health care provider to self-quarantine due to any concerns related to COVID-19, or is subject to a Federal, State, or local isolation or quarantine order related to COVID-19, and you cannot work or telework
- **Distancing** if you are subject to a Federal, State, or local isolation or quarantine order related to COVID-19, or your employer directs you not to report to work for COVID-19 related reasons, and you cannot work or telework
- **Agency Closure** if your workplace is closed by the Commissioner of Minnesota Management and Budget (per Minn. Stat. § 43A.05, subd. 4) for COVID-19 related health and safety reasons, and you are excused from your work duties and cannot be reassigned

Health Leave and Care Leave that also constitutes Family and Medical Leave Act leave can be taken on an intermittent or reduced schedule basis. All other types of Paid COVID-19 Leave may be taken on an intermittent or reduced schedule basis with agency permission.

Paid COVID-19 Leave **does not** accrue vacation or sick leave. Employees who wish to continue to accrue vacation or sick leave must use the applicable leave (*e.g.*, sick, vacation, or compensatory time) under their collective bargaining agreement or compensation plan, rather than Paid COVID-19 Leave. However, employees must exhaust COVID-19 Leave to Care for Non-Family Members and COVID-19 School Leave Type 2 before taking other types of leave for those same uses.

Completing this Request Form

Before completing this Request Form, review the [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#).

Employees must complete and submit this Request Form and receive approval for use of Paid COVID-19 Leave.

Employees who are assigned to perform Priority 1 or Priority 2 critical services must submit a completed Request Form and receive approval in advance of taking School Leave or Care Leave, and must submit a completed Request Form to take Health Leave or Distance Leave as soon as is practicable.

Employees who are assigned to perform Priority 1 or Priority 2 critical services are required to receive additional authorization by their appointing authority to use School Leave, Care Leave, or Distance Leave.

Employees not assigned to perform Priority 1 or Priority 2 critical services who request COVID-19 School Leave must submit a completed Request Form as soon as is practicable if the need for leave is foreseeable; and for all other requests for Paid COVID-19 Leave, the employee is not required to submit the Request Form in advance of the leave, but must submit a completed Request Form as soon as is practicable after the first workday (or portion of the workday) for which the employee takes the leave.

Note: Minnesota Management and Budget is authorized by Executive Order 20-07 to reassign or redeploy employees as necessary.

Employees must complete a new Request Form and receive a new approval for use of Paid COVID-19 Leave if the reason for their need for Paid COVID-19 Leave changes.

Employees must notify their agency promptly once their need for Paid COVID-19 Leave ceases.

The completed Request Form must include your electronic/written signature. Forward the completed Request Form to your agency Human Resources office. Agency Human Resources will review your request.

Please note that MMB HR/LR Policy 1440 – Paid COVID-19 Leave (revised) is subject to change, and expires no later than the termination of the peacetime emergency under Minnesota Statutes, section 12.31. All leave approvals are subject to change to conform with any changes that may be made to the policy, and all leave approved under the policy expires when the policy is no longer in effect, except as may be required under federal law.

Privacy Notice / Tennessean Warning: Your agency is requesting you, the employee, to complete this Request Form so agency staff can assess whether you qualify for Paid COVID-19 Leave. Upon the form's submission, your agency will review the data and come to a determination regarding your eligibility. You are not legally required to provide us with the data requested on this form; you may refuse to do so. However, failure to complete this form in its entirety may result in a denial of your request for Paid COVID-19 Leave. Some of the data being requested on this form will be classified as private data under Minnesota law. Parties that may gain access to private data include agency representatives with a valid work assignment to access the data, Minnesota Management and Budget, the Legislative Auditor, and any other person or entity authorized by you, or by state or federal law, rule, regulation or court order.

Please do not disclose any genetic information. "Genetic Information" includes: Information about an individual's genetic tests; information about genetic tests of an individual's family members; information about the manifestation of a disease or disorder in an individual's family members (family medical history); an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Employee Name: _____ **Employee ID:** _____

Anticipated Leave requested

I am requesting full leave from _____ to _____, with an anticipated return to work date of _____.

At this time, I am unsure of the length of leave I will need.

I am requesting a reduced telework schedule. (Indicate your reduced schedule as well as the date you anticipate to return to your normal work schedule.)

Reason for Leave

COVID-19 School Leave

I must be absent from work because I need to care for my child* whose school or place of care has been physically closed, or my child's care provider is unavailable, for reasons related to COVID-19, and: *(Please check all that apply)*

I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably perform telework while providing childcare, or I am not permitted to telework by my supervisor.

At least one of my children for whom I am caring is aged 12 and under OR is over 12 years of age and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended).

All of my children for whom I am caring are over age 12 and under age 18, and do not have a disability as defined by the Americans with Disabilities Act (as amended) that renders them incapable of self-care. ***Please note that the paid leave benefit is limited as provided in [MMB HR/LR Policy 1440 \(revised\)- Paid COVID-19 Leave.](#)*

I am unable to work or telework because special circumstances exist requiring me to provide care for a child older than 14 during daylight hours.

No other suitable person is available to care for my child during the period of time for which I am requesting Paid COVID-19 Leave.

No other person will be providing care for my child(ren) during the period of time for which I am requesting Paid COVID-19 Leave.

Name of each child to be cared for: _____

Age of each child to be cared for: _____

Name of school(s), place(s) of care, and/or childcare provider(s) that have physically closed or are unavailable due to COVID-19: _____

**“Child” is the employee’s biological, adopted, or foster child, stepchild, legal ward, or child via in loco parentis, who is either under age 18, or age 18 or older and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended)*

COVID-19 Health Leave

I must be absent from work because: *(Please check all that apply)*

I am unable to telework because my job responsibilities cannot be performed through telework, I am too ill to telework, or I am not permitted to telework by my supervisor.

I have a fever, dry cough, shortness of breath or any other COVID-19 symptoms identified by the U.S. Centers for Disease Control and Prevention, and I am seeking a medical diagnosis of COVID-19. ***Please note that the paid leave benefit is limited as provided in [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\).](#)*

I have been exposed to a person with a confirmed case of COVID-19 and I am exhibiting a cough or shortness of breath/difficulty breathing and a fever.

A health care provider has advised me to self-quarantine based on the health care provider’s belief that I have COVID-19, that I may have COVID-19, or that I am at particularly vulnerable to COVID-19.

Name of health care provider advising self-quarantine (if applicable): _____

COVID-19 Care Leave

I must be absent from work because I am caring for an individual who depends on me to care for them and: *(Please check all that apply)*

I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably perform telework while also providing care, or I am not permitted to telework by my supervisor.

The individual has been advised by a health care provider to self-quarantine because of the health care provider's belief that the individual has COVID-19, the individual may have COVID-19, or the individual is particularly vulnerable to COVID-19.

The individual is subject to a Federal, State, or local isolation or quarantine order related to COVID-19.

The individual I am caring for is my family member. *Family members are your spouse, child, adult child, sibling, parent, parent-in-law, grandchild (including biological, step, adopted, and foster grandchild), grandparent, or stepparent.*

The individual I am caring for is not my family member, but is a person who regularly resides in my home, or a similar person with whom I have a relationship that creates an expectation that I would care for the person if they were quarantined or self-quarantined. ****Please note that the paid leave benefit is limited as provided in [MMB HR/LR Policy 1440 - Paid COVID-19 Leave \(revised\)](#).**

Name of individual(s) the employee is caring for: _____

Relation to employee: _____

Name of individual's health care provider advising self-quarantine (if applicable): _____

Name of governmental entity ordering quarantine or isolation (if applicable): _____

COVID-19 Distance Leave

I must be absent from work because: *(Please check all that apply):*

I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably telework because of the circumstances giving rise to the Distance Leave, or I am not permitted to telework by my supervisor.

I am subject to a Federal, State, or local isolation or quarantine order related to COVID-19.

I have been directed by my agency not to report to the workplace for a COVID-19 related reason, including that I am not assigned to perform Priority 1, Priority 2 or other Critical Sector duties and therefore I am not exempted from a Minnesota stay at home executive order.

Name of governmental entity ordering quarantine or isolation (if applicable): _____

I certify that the information I have provided in this form is true and correct. This information is subject to verification. Any employee who submits false information is subject to disciplinary action, up to and including discharge, and may be subject to action pursuant to chapter 609 (criminal code).

Employee Signature:		Date:
Human Resources Signature:		Date:

Human Resources Use: Do not write in this section

Approved* from _____ to _____

Denied

Date _____

Employees who are assigned to perform Priority 1 or Priority 2 critical services are required to receive additional authorization by their appointing authority to use Paid COVID-19 School Leave, Paid COVID-19 Care Leave, or Paid COVID-19 Distance Leave.

** Please note that MMB HR/LR Policy 1440 – Paid COVID-19 Leave (revised) is subject to change, and expires no later than the termination of the peacetime emergency under Minnesota Statutes, section 12.31. All leave approvals are subject to change to conform with any changes that may be made to the policy, and all leave approved under the policy expires when the policy is no longer in effect, except as may be required under federal law.*