

Pyramid Lake Paiute Tribe

Request for Sick Leave

1. Employee Name (print): _____ Position: _____
Supervisor (print): _____ Department: _____

2. The date or dates for which leave is requested: From: _____ To: _____

By completing this form, I attest that I am unable to work or telework for the following reason (complete all form fields as applicable):

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
Name of the government entity that issued the quarantine or isolation order: _____
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Name of the healthcare provider: _____
- I am experiencing COVID-19 symptoms and seeking a medical diagnosis.
- I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
Name of the government entity that issued the quarantine or isolation order or name of healthcare provider advising self-quarantine: _____
Person in Need of Care relation to Employee: _____
- I am caring for a son or daughter whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.
- I am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19 and have been exposed to COVID-19 or my employer has requested such test or diagnosis (this reason is only available from April 1, 2021 through September 30, 2021).
- I am obtaining immunization related to COVID-19 (this reason is only available from April 1, 2021 through September 30, 2021).
- I am recovering from any injury, disability, illness, or condition related to COVID-19 immunization (this reason is only available from April 1, 2021 through September 30, 2021).

CERTIFICATION

I certify that the above information is true and correct.

Employee Signature

Date

Employee Leave Status: **Approved** **Disapproved**

Supervisor Signature

Date

Please forward a copy of this leave slip to Human Resources and attach with each timesheet submitted during this period for tracking purposes.