

## Quarantine Paid Leave Reimbursement Request

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

Position: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Type of Exposure: \_\_\_\_\_

Explain the circumstances of the exposure:

List of employees you were in contact with for 15 minutes or more within a 24 hour period after exposure:

Can you stay at home or do you need lodging?

HR notes or comments:

*It is my understanding that I am eligible for quarantine paid leave under the quarantine paid leave policy that was signed into law on June 15, 2021. I understand that I will receive paid leave at my regular rate of pay for the period of time that I will have to quarantine. I understand that it is my responsibility to notify the city of this exposure within a 24 hour time frame and failure to do so may result in disciplinary action. I understand and agree that all of this information provided in this form is accurate to the best of my knowledge.*

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

Date: \_\_\_\_\_

Dept. Head/Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized HR Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized City Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Testing Results

Date of Testing: \_\_\_\_\_

Date of Quarantine: \_\_\_\_\_

☐

Positive

☐

Negative

☐

Inconclusive