

Mississippi Valley State University
COVID-19 STATEMENT OF LEAVE

EMPLOYEE NAME _____ MVSU ID # _____

LEAVE BEGIN DATE _____ LEAVE END DATE _____

PLEASE CHECK AND INCLUDE SUPPORTING DOCUMENTATION WHERE APPLICABLE FOR YOUR LEAVE REQUEST.

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) – UNDER THE FFCRA, AN EMPLOYEE QUALIFIES FOR PAID SICK TIME IF THE EMPLOYEE IS UNABLE TO WORK (OR UNABLE TO WORK REMOTELY) DUE TO A NEED FOR LEAVE BECAUSE THE EMPLOYEE:

- _____ SUBJECT TO A FEDERAL, STATE, OR LOCAL QUARANTINE OR ISOLATION ORDER RELATED TO COVID-19
- _____ HAVE BEEN ADVISED BY A HEALTH CARE PROVIDER TO SELF-QUARANTINE RELATED TO COVID-19
- _____ EXPERIENCING COVID-19 SYMPTOMS AND SEEKING A MEDICAL DIAGNOSIS
- _____ CARING FOR AN INDIVIDUAL SUBJECT TO AN ORDER OR SELF-QUARANTINE
- _____ EXPERIENCING ANY OTHER SUBSTANTIALLY-SIMILAR CONDITION SPECIFIED BY THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
- _____ CARING FOR A CHILD WHOSE SCHOOL OR PLACE OF CARE IS CLOSED, OR CHILD CARE IS UNAVAILABLE, YOU MUST PROVIDE:

NAME (S) OF CHILD/CHILDREN:

NAME(S) OF SCHOOL/PLACE OF CARE/CHILD CARE PROVIDER:

CDC GUIDANCE: ADDITIONAL INFORMATION CAN BE FOUND ONLINE AT [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/INDEX.HTML](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

- _____ YOU ARE AT A HIGHER RISK FOR COVID-19 BECAUSE OF UNDERLYING CONDITIONS AS DEFINED BY THE CDC GUIDELINES

SIGNATURES: *Signature required if affected employee cannot sign

EMPLOYEE _____ DATE _____

DEPARTMENT HEAD _____ DATE _____

PERSON REPORTING LEAVE* _____ DATE _____

AREA VICE PRESIDENT _____ DATE _____