



Emergency Responders' Request for Administrative Leave Under the City of Charleston's Alternative Leave Policy

Please complete the following request form and submit to the Human Resources Department **as soon as possible** before leave commences. Email all requests to mandi.carter@cityofcharleston.org, or via fax to **(304) 348-8055**. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave **must be included with this request**, as described in the City of Charleston's *Families First Coronavirus Response Act: Emergency Responders Exemption and Alternative Leave Policy*.

Employee Name (print clearly): _____

Mailing Address: _____

Phone #: _____

Email Address (best one at which you can be reached): _____

Department: _____ Department Head/Supervisor: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of Administrative Leave being requested is _____ hours (approximate number).

I am requesting this Administrative Leave due to my inability to work because (check the appropriate reason(s) below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19; or
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Employee Acknowledgement

- I acknowledge that by signing this form all statements are true and may be subject to discipline up to and including termination if information is found to be false.
- I have attached documentation supporting my need for leave.
- I agree to contact the HR Department at (304) 348-8015 or via email at mandi.carter@cityofcharleston.org to provide updates of *any* changes in my leave status or leave usage changes.

Employee Signature _____

Date _____

HR Director/Assistant Director _____

Date _____

Emergency Responders' Request for Administrative Leave Page Two-submitted by _____ (requesting Emergency Responder please print name).

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Date Completed Request Received by HR: _____

Valid documentation provided verifying eligibility of Admin Leave: Yes No

If not provided, date of HR follow-up with requesting employee _____

Approved: Yes No

Admin Leave start date: _____ Admin Leave end date (approx.): _____

If not approved, reason for rejection of requested leave: _____