



COVID-19 VACCINATED EMPLOYEE PAID LEAVE REQUEST FORM

Please complete the following request form and submit to the Human Resources Department **as soon as possible**, but no later than three (3) business days from receipt of positive PCR test results. All requests and supporting documentation must be emailed to mandi.carter@cityofcharleston.org. BOTH documentation of full vaccination status *and* subsequent positive PCR COVID-19 test result MUST be submitted with this request form.

Employee's Full Name (print clearly): _____

Phone #: _____

Department: _____

Department Head/Supervisor: _____

I am requesting this Paid Administrative Leave due to my inability to work because I must self-isolate as a result of receiving a positive PCR test result AFTER having been fully vaccinated, as defined by the CDC and set forth in the City's *Covid-19 Paid Leave Policy for Vaccinated Employees*.

The amount of Paid Administrative Leave requested is _____ days. **(If directed to self-isolate past the CDC recommended time to isolate, you MUST attach documentation from a medical professional evidencing the need for additional isolation).**

Requested Leave Start Date: _____ Requested Leave End Date: _____

Employee Signature _____ Date _____

HR Director/Assistant Director _____ Date _____

INTERNAL USE ONLY

Date Completed Request Received by HR: _____

Required documentation provided verifying eligibility of Paid Administrative Leave: ☐ Yes ☐ No

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

Approved: ☐ Yes ☐ No

Approved start date: _____ Approved end date: _____

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