

EMPLOYEE: _____

EMPLOYER: _____

COVID-19 EMPLOYEE SICK / FAMILY LEAVE

Month _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Explanation of time off:

Month _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Explanation of time off:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____