

CITY OF ROCHESTER

COVID-19 Illness Incident Documentation

EMPLOYEE NAME: _____ PHONE #: _____

DEPARTMENT: _____

REQUESTED DATE(S) OF LEAVE: From: _____ To: _____

REQUEST RECEIVED BY: _____

SUPERVISOR: _____

DEPARTMENT HEAD: _____

Supervisor is to read/ ask the employee the following:

“Are you seeking a waiver to the City’s sick leave or paid time off usage policies based upon the parameters outlined in the City Manager’s memorandums related to the COVID-19 coronavirus?”

Employee’s Response: _____Yes _____No

Supplemental Information: Please email your supervisor with a detailed explanation of the situation and the reason(s) for the request. Provide enough detail so that someone who is unfamiliar with your situation is able to understand and make an educated determination as to whether the request should or should not be granted.

Signed (Person documenting request)

Date

HR DEPARTMENT:

Received by HR Department

Date: _____ Signed: _____