

Leave Administration Form | COVID Leave

Department of Human Resources



King County

COVID Leave provides employees with up to 80 hours of leave for certain COVID-19-related reasons. This leave is available to all eligible non-represented employees and represented employees in bargaining units that have signed the [COVID Leave Memorandum of Agreement \(MOA\)](#) with King County. This program began on August 10, 2021 and ends for all employees on December 31, 2022. Submit completed forms to your agency human resource professional.

Name _____ Phone _____ Email _____
 Home Address _____ City _____ State _____ Zip _____
 PeopleSoft ID# _____ Supervisor _____ Work location _____

COVID leave reason(s) for comprehensive leave eligible employees: Maximum of up to 80 total hours

Up to one scheduled shift per COVID vaccine or COVID booster shot	<input type="checkbox"/> A. Employee who is unable to work due to side effects from the COVID vaccine or booster (within 48 hours of receiving it) may use COVID leave for up to one regular scheduled shift or a total of one partial shift per COVID vaccine or COVID booster shot and has provided proof of vaccine/booster. Date absent: _____ Hours Requested: _____
Up to maximum of 80 hours of COVID leave may be used for the following reasons	<input type="checkbox"/> B. Employee has tested positive for COVID, is unable to telecommute, and has provided proof of a positive COVID test (e.g., results from a test site, medical office, or a screenshot of a home-based test). Date(s) absent: _____ Hours Requested: _____
	<input type="checkbox"/> C. Employee is subject to quarantine under health guidance and County policy and is unable to telecommute. This includes employees who have symptoms and must be out of the workplace. See Temporary Leave and Telecommuting Policy . Date(s) absent: _____ Hours Requested: _____
Up to 40 hours of the maximum 80 hours of COVID leave may be used for the following reasons	<input type="checkbox"/> D. Employee needs to provide care for an immediate family member (HR Paid Sick Leave Policy 2019-003) who has tested positive for COVID and has provided proof of a positive COVID test and is unable to telecommute (e.g., results from a test site, medical office, or a screenshot of a home-based test). Date(s) absent _____ Hours Requested: _____
	<input type="checkbox"/> E. Employee's child cannot attend school or childcare center due to COVID (including when child must quarantine due to school/childcare center policies and/or awaiting COVID test results) and because of this, the employee is unable to work or telecommute and has provided school/childcare center COVID policy. Date(s) absent: _____ Hours Requested: _____

COVID leave reason for short-term temporary employees and interns: Maximum of up to 80 total hours

Up to one scheduled shift per COVID vaccine or COVID booster shot	<input type="checkbox"/> A. Employee who is unable to work due to side effects from the COVID vaccine or booster (within 48 hours of receiving it) and has provided proof of vaccine/booster. Date absent: _____ Hours Requested: _____
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Employee acknowledgement of request – Read carefully

The information I have provided is true, correct, and complete. I understand that if I have falsified any information related to my leave request, it may lead to disciplinary action up to and including discharge from employment. I understand that I am required to follow the usual and customary procedure for calling in. I will notify my supervisor and/or department human resources contact or designee if and when there are changes to the circumstances of my leave. I understand that my supervisor or department human resources professional or designee may contact me to verify my status and obtain updates as to my estimated date of return to work. I also understand that any remaining COVID leave balances cannot be cashed out upon separation or retirement.

Employee signature _____ Date _____

Agency Approval / Denial

Approved for _____ hours of COVID Leave as described above. COVID Leave is expired/exhausted or not eligible

I am authorized to approve COVID leave for agency employees and have confirmed all required documentation.

Signature: _____ Printed name: _____ Date: _____

Employee copy Department payroll copy