

## Paid Sick Leave – COVID-19 (Form)

Employee Name: \_\_\_\_\_

Company/Property: \_\_\_\_\_

Time Off From: \_\_\_\_\_

Payroll Period  
Ending: \_\_\_\_\_

Through: \_\_\_\_\_

## Paid Sick Leave – COVID-19 Request

*Up to 80 hours for Regular Full-Time and Part-Time employees in the event you are unable to work or telework for reasons due to the COVID-19 virus.*

Total Available Hours: **80**

Hours Requested: \_\_\_\_\_

Hours Used: \_\_\_\_\_

Hours Remaining: \_\_\_\_\_

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date