

# EMPLOYEE REQUEST FOR PAY FOR PAID SICK DAY - **CORONAVIRUS** **(COVID 19) ONLY**

EFFECTIVE: JANUARY 1, 2022

EMPLOYEE NAME (PRINT) \_\_\_\_\_

EMPLOYEE ID NUMBER \_\_\_\_\_

	DATE	HOURS	REASON CODE
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____
SUNDAY	_____	_____	_____

TOTAL HOURS \_\_\_\_\_

EMPLOYEE VACCINATION STATUS: (check a box and Provide a copy of your Vaccination Card)
<input type="checkbox"/> Pfizer (2 Doses)
<input type="checkbox"/> Moderna (2 Doses)
<input type="checkbox"/> Johnson & Johnson (1 Dose)
<input type="checkbox"/> NOT VACCINATED

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HUMAN RESOURCES \_\_\_\_\_ DATE \_\_\_\_\_

REASON CODE:

- 1) The employee is subject to a Federal, State, or Local quarantine; (this is not applicable to railroad workers) (Homeland Security has designated railroad employees as Critical Infrastructure Workers).
- 2) The employee has been advised by a health care provider to self-quarantine;
- 3) The employee is experiencing symptoms of COVID-19 and seeking medical diagnosis;