



Application for Lee Health-Sponsored Emergency Leave of Absence

Employee Name	Employee Number	Date Requested
Leave Start Date	Leave End Date	Telephone Number with area code
Employee's Home Address		Employee Personal Email
<p>Employee must check the appropriate box(es) below indicating the reason(s) for the Lee Health Emergency Leave Request. Please check <u>all</u> that may apply. An employee may have a combination of qualifying reasons. (This application is <u>not for</u> documented exposures at work which are handled under Lee Health's Worker's Compensation process.)</p> <p>The Lee Health Emergency LOA is available through August 29, 2020.</p>		

Lee Health Emergency Leave of Absence I am unable to work or telework, because:

- I am experiencing symptoms of COVID-19 and am unable to return to work;
- Myself or an immediate family member with whom I live is in a COVID-19 high-risk group as defined by the Centers for Disease Control and Prevention ("CDC"); [click here](#) for more information about how CDC defines those at high-risk for severe illness from COVID-19; or
- I am experiencing a temporary elimination of work hours and have not otherwise been redeployed.

Unpaid Lee Health Emergency Leave of Absence

- Leave granted through August 29, 2020,
- Employee is subject to early recall (before August 29, 2020) to work upon reasonable notice.
- Employee must respond to a Recall Notice within 7 days of Recall Notice. [Click here](#) for more information on the Recall Process.
- Leave may be modified as Lee Health business needs/demands warrant.
- Employee may, but is not required, to use PTO before receiving no pay.
- Lee Health will pay both the employer-portion and employee-portion of current benefits (health, dental, vision, and/or basic life) for those employees in the Lee Health Emergency LOA program who do not use sufficient PTO to cover the pay period.
- Employees on an unpaid Lee Health Emergency LOA may be eligible to receive unemployment compensation benefits.

Employee Attestation

I hereby verify that the box(es) I selected above apply to me and that my representations in this Application are truthful. I understand that Human Resources will review my Application and determine my eligibility to participate in the Lee Health Emergency Leave of Absence program. I have provided my current contact information on this form. I further acknowledge this application does not constitute a contract of employment and that my employment remains at-will.

Employee Signature:	Date:
Department Head Signature:	Date:

Return this Completed Form and relevant documentation to the HR Call Center – Fax: 239-424-4082. Or e-mail to employeeservicecenter@leehealth.org. Give a copy to your Supervisor prior to the requested leave start date.