



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 Address
<p>Employee must check the appropriate box below indicating the reason for requesting the Lee Health Emergency Leave of Absence.</p> <p>(This application is <u>not for</u> documented exposures to COVID-19 at work which are handled under Lee Health's Worker's Compensation process.)</p> <p>The Lee Health Emergency LOA is available through December 31, 2021.</p>		

Please check the reason (1-5) below supporting your request for leave.

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

- 1. I have been advised by a health care provider to quarantine or self-isolate;
- 2. I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis;
- 3. I have a genuine need to care for an individual who has been advised to self-isolate or who is subject to a quarantine order (pursuant to the advice of a health care provider);
- 4. I have a genuine need to care for a son or daughter who has been instructed to quarantine or self-isolate by his/her school or place of care; or
- 5. I have a genuine need to care for a son or daughter whose classroom, school or place of care is closed, or whose child care provider is unavailable, due to COVID-19.

Requested Leave Period:

Due to the reason identified above, I am requesting that my *Lee Health Emergency Leave of Absence* begin on _____ (insert date) and end on _____ (insert date). I understand that I will have basic job protection for the first 30 consecutive calendar days on an approved Lee Health Emergency Leave of Absence. If I remain on an approved Lee Health Emergency Leave of Absence for more than 30 consecutive days, I understand I may remain employed and on the leave but will lose basic job protection while I continue on the Leave of Absence.

Required Supporting Documentation:

I understand that my request for a Lee Health Emergency Leave of Absence must be supported by qualifying documentation. For example, a request for leave for reasons 1-3 above must be supported by documentation from a health care provider, and a request for leave for reasons 4-5 above must be supported by documentation or a notice from the child's school/teacher/child care provider. I understand that my request for a Lee Health Emergency LOA will not be approved if I do not provide valid acceptable documentation supporting my need for this emergency leave.



Application for Lee Health-Sponsored Emergency Leave of Absence

Unpaid Lee Health Emergency Leave of Absence

- The Lee Health Emergency Leave of Absence program is available to employees through December 31, 2021.
- Employees on the Lee Health Emergency Leave of Absence must exhaust PTO before beginning unpaid leave.
- Lee Health will pay both the employer-portion and employee-portion of current benefits (health, dental, vision, and/or basic life insurance) for those employees in the Lee Health Emergency LOA program who do not have sufficient PTO to cover the pay period.
- Employees on an unpaid Lee Health Emergency LOA may be eligible to receive unemployment compensation benefits.
- Employees on a Lee Health Emergency Leave of Absence who are observed engaging in activities that are inconsistent with their stated need for leave are subject to discipline.
- “Basic job protection” means that the employee will return to the same job or to an "equivalent job". The employee is not guaranteed the actual job held prior to the leave. An equivalent job means a job that is virtually identical to the original job in terms of pay, benefits, and other employment terms and conditions (including shift and location). However, even with basic job protection, an employee on a Lee Health Emergency Leave of Absence is not protected from actions that would have affected him or her if the employee was not on the Lee Health Emergency Leave of Absence. For example, if a shift has been eliminated, an employee would not be entitled to return to work that shift.

Employee Attestation

- I have reviewed this Application for Lee Health-Sponsored Emergency Leave of Absence and understand the leave program details and supporting documentation requirements as explained in this Application.
- I hereby verify that my representations in this Application are truthful.
- I understand that I must provide updated documentation from a Healthcare Provider every 30 days of the leave if an end date is unknown or not provided on the supporting documentation. Failure to do so may result in termination of employment.
- 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 understand that I must keep my leader informed of my expected return-to-work date and reasonably respond to communications from my leader about my leave status.
- 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, including your Department Head’s Signature and relevant supporting documentation, to the HR Call Center – Fax: 239-343-4163 or e-mail to hr@leehealth.org. Give a copy to your leader prior to the requested leave start date.