

I. PERSONAL D	OATA				
NAME:	LAST	FIRST		MIDDLE	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER
MAILING ADDR					
NUMBER AND STREET			CITY STATE ZIP		
TELEPHONE:			POSITION TITLE:		
HOME: ALTERNATE:			DEPARTMENT:		
E-MAIL:			AREA:		
(if known the emplo the emplo supervison need for le), and the starting and of yee's immediate superview's control the leave it as soon as it is practicated.	ending dates of the leave r isor at least thirty (30) day s to begin in less than thirt	equested. This s before family y (30) days, an (2) to three (3)	application for FMLA or medical leave is to b employee must give not working days of when	leave, the duration of leave leave is to be submitted to egin. If for reasons beyond tice to his or her immediate the employee learns of the mmediate supervisor.
II. EMPLOYEE STATEMENT			III. LEAVE REQUESTED		
I AM REQUEST	AM REQUESTING LEAVE FOR THE FOLLOWING REASON:			I AM REQUESTING THE FOLLOWING LEAVE:	
#1: Have been Subjected to a Federal, State, or local quarantine or isolation order related to COVID-19				☐ I request leave fromto	
#2: Have been advised by a health care provider to self-quarantine related to COVID-19				☐ I request the following intermittent leave*:	
#3: Experiencing COVID-19 symptoms and am seeking a medical diagnosis					
#4: Caring for an individual subject to an order described in reason (1) or self-quarantine as described in reason (2).				☐ I request the following	reduced schedule leave*:
#5: Caring for a child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons					
#6: Experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.				The total number of days of requested leave:	
	above information is e to verify all informati		the best of my	y knowledge and belie	ef & I authorize and permit
		schedule leave requires the eave (See Sec. 3-15. Famil	* *		ors and is not based solely on MLA) (g) p. II-3-14).
mployee Signatu	aployee Signature Date			Norton loyee Relations	Date
		- HUMAN RESOURCE	ES OFFICE U	SE ONLY –	
☐ Employed by RSC for a total of 12 months AND					
☐ Worked at le	east 1,250 hours over th	e previous 12 months			