



COVID-19 LEAVE APPLICATION FORM

Please note: This form is not applicable for employees who become ill or are symptomatic with flu-like symptoms. If you are sick, you will be compensated from your sick bank. This form is for asymptomatic employees who are directed to self-isolate due to exposure or international travel that began prior to March 13, 2020.

While completion of this form does not guarantee pay, failure to submit it will result in an unpaid leave.

Staff Name: _____ Work Site: _____

PART A: Reason for application (check all that apply)

- No symptoms but directed to self-Isolate/quarantine due to direct unprotected contact with a confirmed case COVID-19 (please complete Part B)
- No symptoms but directed to self-Isolate/quarantine due to international travel that commenced before March 13, 2020. (Part B not required) *Describe travel, including departure and return dates:*

PART B: For those directed due to direct, unprotected contact with a confirmed case

Details/Date of exposure to confirmed case: _____

Date of Assessment by the Practitioner: _____

Time of call/visit: _____

First and last name of the person you spoke to: (**Mandatory**) _____

Did they swab for COVID-19? Yes No *If yes, please notify HR or results ASAP*

What other instructions were given?

Completed forms should be submitted to Jason Hughlett at Jason.hughlett@macl.bc.ca or faxed to (604) 826-8332. Questions? Call Jason at (604) 826-9080 ex 235