



Human Resources  
 Room 340  
 411 West First Street  
 Duluth, Minnesota 55802

# FORM

## COVID-19 REQUEST FOR UNPAID LEAVE OF ABSENCE

EMPLOYEE INFORMATION		
Full Name	Emp. ID or DOB	Date of Request
Department/Division	Job Title	

UNPAID LEAVE REQUEST <i>(Completed by Employee)</i>	
I hereby request an unpaid leave of absence for the following purpose: <input type="checkbox"/> COVID-19 related	
Explanation of Purpose:	
Start Date (first day of leave):	End Date (last day of leave):
<input type="checkbox"/> I request reinstatement to my former position upon expiration of this leave.	

EMPLOYEE AUTHORIZATION AND SIGNATURE	
<i>I understand that if my extended leave is approved, I must contact a Human Resources Benefits Representative prior to beginning my leave to arrange for continuation or cancellation of benefits during the leave.</i>	
Employee Signature:	Date:

MANAGER RECOMMENDATION AND SIGNATURE	
Recommendation/Comments:	
Manager Signature:	Date:

DIRECTOR RECOMMENDATION AND SIGNATURE	
Recommendation/Comments:	
Director Signature:	Date:

EMPLOYEE ACKNOWLEDGEMENT AND SIGNATURE	
<i>I acknowledge that I am aware of the approval/denial of my leave request and have had the opportunity to speak with my manager about it.</i>	
Employee Signature:	Date:

HUMAN RESOURCES MANAGER APPROVAL AND SIGNATURE	
<input type="checkbox"/> Request approved <input type="checkbox"/> Request denied; reason:	
Human Resources Manager Signature:	Date: