Employee name ____________________________ Personnel ID number ____________________________ Facility/Office ____________________________

I hereby verify I fall into one of the high-risk categories as defined by the United States Centers for Disease Control (CDC):

- [ ] Age 65+
- [ ] Underlying health condition

The name of my treating health care provider is: (if applicable)

**You will not be asked to provide medical documentation from your health care provider.**

I am requesting to:

- [ ] Work at an alternate location. Identify if you have a suggested location:
  
  *Human Resources/your Supervisor will contact you to discuss options.*

- [ ] Telework. *Human Resources/your Supervisor will contact you to discuss options.*
  
  **Note:** If requesting to telework part-time, you must submit [DOC 03-407 Leave Request](#) for any time not worked. If you already have an approved telework agreement in place and circumstances are unchanged, you do not need to reapply.

- [ ] Leave for which dates: ____________________________ to ____________________________.
  
  *Work with your local Human Resources if you need assistance with leave options under State or Federal law.*

- [ ] Receive documentation to provide to the Employment Security Department in order to apply for benefits.

I understand I must either work, telework, or use paid leave for a minimum of 8 hours per month to maintain my health care benefits. I am responsible to pay the employee portion of the premiums, even if 8 hours per month does not generate enough income to cover my portion of the premium. Any unpaid portion will go into arrears. When I return to work full time, the Department will work with me to set up a payment plan to collect the amount in arrears.

If you are not working or teleworking full-time, you must submit a manual leave request form using [DOC 03-407 Leave Request](#) located on iDOC or the [DOC website](#). Leave requests may be submitted electronically via Outlook to Roster for Custody employees or your supervisor for Non-Custody employees. **Do not submit FFCRA leave requests using Employee Self Service (ESS).** Supervisors will forward your approved leave requests through your local facility process. Please work with your local timekeeper or Headquarters Payroll processor if you and/or your supervisor need assistance.

I affirm the foregoing is true and correct and understand that any misrepresentations provided for this request will be basis for potential disciplinary action.

Dated this _____ day of ____________________________ , 2020 at ____________________________, Washington.

_________________________________________________________  ____________________________
Name                                                                 Signature
## HUMAN RESOURCES USE ONLY

<table>
<thead>
<tr>
<th>Employee name</th>
<th>Personnel ID number</th>
<th>Facility/Office</th>
</tr>
</thead>
</table>

- [ ] Telework or alternate work location approved.
- [ ] Leave approved - Employee requested, or after telework/alternate location offered, employee prefers to take own leave.
- [ ] Essential employee and agency lacks full-time telework or alternate work arrangements. Employee may seek unemployment benefits if they do not want to take leave.

**Comments:**
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

<table>
<thead>
<tr>
<th>Human Resources Manager/designee</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

## APPOINTING AUTHORITY USE ONLY

- [ ] Approved
- [ ] Denied

**Comments:**
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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<thead>
<tr>
<th>Appointing Authority</th>
<th>Signature</th>
<th>Date</th>
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*Approvals may not go beyond June 12, 2020, unless the Proclamation is extended by the Governor.*

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The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

**Distribution:**
- **ORIGINAL** - Employee Occupational Health Record
- **COPY** - Employee, Appointing Authority
- **COPY** Page 2 only - Headquarters Payroll Help Desk, Roster (for custody employees), Supervisor