**QUARANTINE LEAVE FOR PEACE OFFICERS AND DETENTION OFFICERS REQUEST FORM**

*\* Once the employee obtains department head approval on this form, the employee must email this request form with the Jefferson County Public Health's Quarantine Leave Checklist to the Jefferson County Public Health Authority at: eede@co.jefferson.tx.us.*

Employee Name: _____

Department: _____

- o I am a Jefferson County certified peace officer or detention officer and am required to quarantine or isolate due to a possible or known exposure to a communicable disease while on duty.
  My current work schedule is (days/hours per day): _____.

  I am requesting paid quarantine leave from (date) _____ to

  (date)_____, totaling _____ work hours.

- o I am also requesting reimbursement of documented reasonable costs related to quarantine or isolation deemed necessary by the Jefferson County Health Authority, including lodging, medical, and transportation as follows:_____

  _____

  _____

I, the Employee whose signature appears below:

- (i) acknowledge I may be unable to return to work until such time as I provide a doctor's note signifying fitness to return to work if appropriate and as requested;
- (ii) understand that I still need to abide by my Department's call in procedures;
- (iii) certify that my Quarantine Leave Request is due to the reason(s) stated above; and
- (iv) understand that providing false or misleading information about my absence may result in disciplinary action up to and including termination.

Employee Signature: Date: _____   Date: _____

Department Head or Designee: Date: _____   Date: _____

Print Name of Department Head or Designee: _____

Employee Name: _____

Department: _____

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The above quarantine leave request has been:

- Denied: Employee is not required to self-quarantine or isolate due to a possible or known exposure to a communicable disease while on duty.

- Approved:
  - ☐ Employee is entitled to quarantine leave for the duration of the quarantine or isolation period from:

    (date) _____ to (date) _____.

  - ☐ Employee is entitled for reimbursement of reasonable costs related to quarantine or isolation:

    For: _____        date(s) _____

    For: _____        date(s) _____

    For: _____        date(s) _____

    For: _____        date(s) _____

(To receive reimbursement, employee must follow the County's regular reimbursement procedures)

Approved By: _____        Date: _____