

**COVID-19: SPECIAL TIME OFF REQUEST**  
Use this special form for all COVID-19  
TORs [Paid Time Off (PTO) and Unpaid]



**Employee Section:**

Name: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Department: \_\_\_\_\_  
Manager: \_\_\_\_\_

**Paid Leave Request:**

PTO for COVID-19      Date(s): \_\_\_\_\_      Hour(s): \_\_\_\_\_

**Unpaid Leave Request:**

COVID-19 (UNPAID)      Date(s): \_\_\_\_\_      Hour(s): \_\_\_\_\_

**Employee Comments:**

Employee Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Manager Section:**

**Manager Comments:**

Manager Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Human Resources/Payroll Section:**

Received/Entered: \_\_\_\_\_      Date: \_\_\_\_\_

*Revised 3/17/2020*

