SPOKANE COUNTY

HUMAN RESOURCES DEPARTMENT
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Proclamation by the WA State Governor 20-46: High-Risk Employees Request for Leave of Absence

Employee Name:______________________________ Last 4 SSN or Employee ID: _________________

Department: _________________________________ Job Title: ___________________________________

Requested Leave Start Date:____________________ Estimated Leave End Date: ____________________

Purpose of Proclamation 20-46: *WA State Governor Inslee issued Proclamation 20-46 on Monday, April 13, 2020, mandating specific accommodations for "high-risk" employees during the COVID-19 pandemic. This Proclamation requires employers to make alternative work arrangements for high-risk employees. If alternative work arrangements are not feasible, the Proclamation entitles high-risk employees to access accrued leave or unemployment benefits- at the discretion of the employee- and mandates continued health care coverage for high-risk employees during such leave. This Proclamation remains in effect until June 12, 2020, unless otherwise extended.*

I certify I am a covered employee, defined as high-risk by the Centers for Disease Control & Prevention (CDC):

- Individuals aged 65 years and older;
- Individuals of any age with an underlying medical condition, including: Chronic lung disease, moderate to severe asthma, serious heart condition, diabetes; severe obesity (BMI ≥ 40), chronic kidney disease undergoing dialysis, liver disease, any condition that compromises an individual's immune system.

I certify work is not available to me through an alternative work arrangement (telecommuting, assignment to an alternative or remote work location, reassignment, and/or social distancing measures).

I request to use leave as follows:

☐ Accrued paid leave -type:___________________dates:____

type:___________________dates:____

type:___________________dates:____

☐ FFCRA Emergency paid sick leave (up to 80 hours) dates:__

☐ Unpaid leave of absence dates:__________

In typing my initials below, I attest the information presented above is correct and true. If it is later proven I falsified information, I may be disciplined and may be required to repay any compensation I received. I understand should I fail to return to work from my leave the county may require I repay any benefit premiums paid on my behalf while out on this leave.

EMPLOYEE INITIALS : ____ DATE: ____________________________