

## **EMPLOYEE VERIFICATION FOR PAID LEAVE DUE TO CORONAVIRUS (COVID) 2019**

l,	[Name of employee], hereby verify
	that apply):
	e guidelines established by the Centers for Disease Control and Prevention to self-quarantine e coronavirus disease 2019 (COVID-19) based on the following criteria (check all that apply):
	Within the last 14 days, I traveled from an area with COVID-19 transmission either in-state or out-of-state.
	I have been in close contact with a person with a positive laboratory-confirmed COVID-19 infection. Close contact includes being within 6 feet of a COVID-19 case for a prolonged period of time or having direct contact with infectious secretions of a COVID-19 case, (e.g. being coughed on).
	of March 7, 2020 the CDC does not recommend testing, symptom monitoring or special ent for people exposed to <i>asymptomatic</i> people with potential exposures (i.e., contacts of
	I have tested positive for COVID-19.
	I am experiencing the symptoms of COVID-19 including subjective or measured fever, cough or difficulty breathing.
	I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Dates for 0	COVID-19 Leave:to
employee	<b>te</b> : An employee may be required to telecommute during the self-quarantine period. If the is directed to telecommute and declines to do so, the employee must use their own accrued e in a leave without pay status for the time in self-quarantine.
and my re	at if I become sick (unrelated to COVID-19) while self-quarantined, I will notify my employer maining time away while sick would be paid leave or leave without pay. Any entations provided as a basis for this request will be a basis for disciplinary action.
I declare u	under penalty of perjury under the laws of the state of Alaska the foregoing is true and correct
Signed:	Date:
Drint Nam	City States