

TSD COVID-19 Liberal Leave Request Form

(Download this form before filling out)



Effective immediately, we are adopting an enhanced process to balance employee needs, employee safety, and the mission essential services we provide to our customers.

Employees requesting Liberal Leave must submit the form below to their immediate Supervisor, with a minimum 24-hour notice. Supervisors **must** send all submitted COVID-19 LIBERAL LEAVE REQUEST FORMS to COVID19@hii-tsd.com.

COVID-19 LIBERAL LEAVE REQUEST FORM

Request Date: _____

Employee Printed Name: _____

Business Group/Program/Department: _____

Employee number: _____

Your Immediate Supervisor's Name: _____

I am requesting Liberal Leave for the following date(s):

I am requesting Liberal Leave for the following reason(s):

- I have been diagnosed, quarantined, recommended for quarantine by my health care provider, or experiencing symptoms of COVID-19 and seeking a diagnosis (provide medical documentation to support this request)
- I have a member of my household, or I am providing care to a member of my household or a family member, who has been **diagnosed** with COVID-19 (provide the name of the person in your household or family member and date of diagnosis)

Name: _____ Date Diagnosed: ____/____/____

- I am the primary caregiver for child(ren) or a member of household who is unable to attend school or daycare that is closed because of COVID-19 (provide the name of the child(ren) or household member)

Name of child(ren)/household member: _____

- I am the breadwinner or major support for my household because the head of my household died from COVID-19 (provide the name and date of death of the deceased)

Name of deceased: _____ Date of Death: ____/____/____

- Other reason for request (you must provide a written reason and may be required to provide documentation):

