**[Enter Employer Name/Logo]**

**Self-Quarantine Request**

Today’s Date:

Employee’s (first/last) Name:

Employee’s Job Title / Position:

* Due to the current COVID-19 outbreak, you are requesting to self-quarantine based on your current medical condition/disability that puts you at an increased risk of becoming infected. This is a precautionary measure and should you contract the virus, you must inform the [Human Resources Department].
* [Enter Employer Name] is not requesting nor should your physician provide any diagnosis information. Due to your high susceptibility of contracting COVID-19, any medical conditions should not be revealed to the Company.

Dates of Quarantine: Start \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the type of assistance you believe is needed to self-quarantine:

Employees Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company will keep your documentation in your confidential files and disclose this information only to those who need to know. Although Company can make no commitments without the necessary information, we very much hope that we can find a mutually agreeable arrangement to enable you to work here.